Effective Date: 08/09/2018

Ocrevus™ (ocrelizumab)

FDA approval: 03/28/2017
HCPCS: J2350
Benefit: Medical

Policy/Criteria:

Note: Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided in patients 18 years of age, when prescribed by a neurologist, and when all the below criteria are met:
   a. A diagnosis of primary progressive multiple sclerosis (PPMS)
      i. Disease progression for > 1 year AND at least one of the following:
      ii. One brain lesion, OR positive CSF, OR two spinal lesions
   OR
   b. A diagnosis of a relapsing form of multiple sclerosis
      i. The presence of new and/or newly enlarged MRI lesions in the previous year
      ii. Documented clinical relapse or progression despite patient adherence to treatment
      iii. Prior treatment with all the following agents has demonstrated clinical failure or clinically significant adverse effects/intolerance, unless all products are contraindicated based on clinical documentation: one preferred injectable product (examples: Avonex, Betaseron, Extavia, Rebif, or Copaxone), AND one preferred oral agent (examples: Gilenya, and Tecfidera)

B. Quantity Limitations, Authorization Period and Renewal Criteria:
   a. Quantity Limit align with FDA recommended dosing
   b. Initial Authorization Period: 6 months
   c. Renewal Criteria:
      i. Improvement in disability and/or slowing of disability progression
      ii. Decrease in frequency of relapses based on MRI data with no new or newly enlarged lesions
   d. Renewal Authorization Period: 1 year

C. Ocrevus is considered investigational when used for all other conditions, including but not limited to:
   a. Secondary Progressive Multiple Sclerosis (SPMS)
   b. Clinically isolated syndrome
   c. Lupus nephritis
   d. Rheumatoid arthritis
   e. Systemic lupus erythematosus (SLE)
***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Therapeutic Considerations:

A. FDA Approved Indications/Diagnoses
   Relapsing and primary progressive forms of multiple sclerosis.

*Please refer to most recent prescribing information.

B. Background Information
   - Multiple sclerosis (MS) is a chronic progressive inflammatory autoimmune disease of the central nervous system, involving axonal deterioration and demyelination. Signs and symptoms vary greatly and can include blurry or double vision, muscle weakness and stiffness, tingling in limbs, fatigue, difficulty concentrating, and many other debilitating symptoms. MS typically presents between the ages of 20 and 45 and women are affected by MS three times more frequently than men. Onset of symptoms before age 21 occurs in 3-5% of cases and is considered juvenile MS.
   - Several clinical presentations of MS have been identified including relapsing-remitting MS (RRMS), secondary progressive MS (SPMS), and primary progressive MS (PPMS). All forms of MS are associated with neurologic dysfunction. Relapsing-remitting MS affects the majority of newly diagnosed individuals and about half of the people diagnosis with RRMS will transition to SPMS within 10-20 years of initial diagnosis. Relapses are characterized as periods of sudden worsening of symptoms or new symptoms. Often, the periods of remission between relapses will last weeks, months, or even years.
   - Patients diagnosed with PPMS experience continued and gradual physical decline without remissions. Primary progressive MS affects as many men as women and typically presents after the age of 40. Progressive-relapsing MS affects only about 5% of patients diagnosed with MS and is characterized by steady worsening dysfunction with distinct exacerbations. According to the National Institutes of Health “Determining the particular type of MS is important because the current disease modifying drugs have been proven beneficial only for the relapsing-remitting types of MS.
   - PPMS is characterized by worsening neurologic function (accumulation of disability) from the onset of symptoms, without early relapses or remissions. PPMS can be further characterized at different points in time as either active (with an occasional relapse and/or evidence of new MRI activity) or not active, as well as with progression (evidence of disease worsening on an objective measure of change over time, with or without relapse or new MRI activity) or without progression. Approximately 15 percent of people with MS are diagnosed with PPMS.
   - People with RRMS tend to have more brain lesions (also called plaques or scars) on MRI scans, and these lesions contain more inflammatory cells. People with PPMS tend to have more spinal cord lesions, which contain fewer inflammatory cells.
   - Ocrevus binds to a molecule (CD20) on the surface of immune cells called B cells and depletes them from the circulation. B cells have several functions including making antibodies, and they may play a role in immune-system mediated damage to brain and spinal cord tissues in MS.

<table>
<thead>
<tr>
<th>Cross References</th>
<th>P&amp;T Committee Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Review</td>
<td>8/10/2017</td>
</tr>
<tr>
<td>Multiple Sclerosis Disease Modifying Agents Coverage Guidelines</td>
<td></td>
</tr>
</tbody>
</table>

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

Page 2 of 4
C. Efficacy

*Please refer to most recent prescribing information.

D. Medication Safety Considerations

Black Box Warning: No

*Please refer to most recent prescribing information.

E. Dosing and administration

a. Dosing:
   i. 600 mg administered by intravenous infusion every 6 months

*Please refer to most recent prescribing information.

F. How supplied

a. 300 mg/10mL single-dose vial for intravenous formulation

References:


<table>
<thead>
<tr>
<th>Policy History</th>
<th></th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Effective Date: 11/10/2016</td>
<td>Preliminary Criteria</td>
</tr>
<tr>
<td>1.1</td>
<td>Effective Date: 5/4/2017</td>
<td>New Drug</td>
</tr>
<tr>
<td>1.2</td>
<td>Effective Date: 8/10/2017</td>
<td>Drug Review with Expanded Criteria</td>
</tr>
<tr>
<td>1.3</td>
<td>Effective Date: 08/09/2018</td>
<td>Annual Review of Medical Policy</td>
</tr>
</tbody>
</table>

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or [http://dailymed.nlm.nih.gov/dailymed/index.cfm](http://dailymed.nlm.nih.gov/dailymed/index.cfm)