Prior Authorization DRUG Guidelines

OCREVUS (ocrelizumab)
Effective Date: 10/24/17
Date Developed: by Catherine R. Sanders, MD
Date Approved by P&T Committee: 10/24/17, 1/23/18, 1/22/19

Ocrevus is a CD20-directed cytolytic antibody

Pre-Authorization Criteria:
Must initially pass the Multiple Sclerosis Preferred Specialty Management guidelines.

Ocrevus must be prescribed by, or in consultation with, a physician who specializes in the treatment of MS and/or a neurologist.

Ocrevus may then be approved if meets both of the following criteria;
1. patients 18 years of age or older, AND
2. Diagnosis of a relapsing form of multiple sclerosis (MS) [relapsing forms of MS are relapsing-remitting MS, secondary-progressive MS with relapses, or progressive-relapsing MS] or diagnosis of Primary Progressive MS.

Dosing: 300 mg IV on day 1, followed by 300 mg 2 weeks later; subsequent doses of 600 mg are administered once every 6 months (beginning 6 months after the first 300 mg dose)

Dosing Forms: Solution, Intravenous 300mg/10mL
**Revision History:**
Date Created: 10/24/17 by C. Sanders, MD
Date Approved by P&T Committee: 10/24/17
Date Reviewed/No Updates: 1/23/18 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/23/18
Date Reviewed/No Updates: 1/22/19 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/22/19

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<th>Revision Date</th>
<th>Content Revised (Yes/No)</th>
<th>Contributors</th>
<th>Review/Revision Notes</th>
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