

# OCREVUS (ocrelizumab) OCREVUS ZUNOVO (ocrelizumab and hyaluronidase-ocsq)

### **Pre - PA Allowance**

None

### **Prior-Approval Requirements**

Age 18 years of age and older

#### **Diagnoses**

Patient must have **ONE** of the following:

- Relapsing Multiple Sclerosis (RMS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
- 2. Primary Progressive Multiple Sclerosis (PPMS)

#### AND ALL of the following:

- Patient is not at risk for HBV infection OR patient is at risk for HBV infection and HBV infection has been ruled out or treatment for HBV infection has been initiated
- 2. Absence of active infection
- 3. Prescriber agrees to monitor immunoglobulins at the beginning, during, and after discontinuation of therapy
- NOT used in combination with other immune-modulating or immunosuppressive therapies, including immunosuppressant doses of corticosteroids
- 5. **NOT** used in combination with another MS disease modifying agent
- 6. **NOT** given concurrently with live vaccines or live attenuated vaccines

## **Prior - Approval Limits**

**Duration** 2 years

## Prior – Approval Renewal Requirements

Age 18 years of age and older



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## Prior - Approval Renewal Limits

Same as above