Pharmacy Drug Policy Checklist

POLICY NAME	Ocrevus (ocrelizumab)	POLICY #	2593P

Criteria

Exclusion Criteria – Any of the following prevents coverage

☐ **3.1** Documentation of Hepatitis B Virus Infection

Coverage Criteria for Primary Progressive Multiple Sclerosis (PPMS)

☐ **1.1** Diagnosis of Primary Progressive Multiple Sclerosis

☐ **1.2** Ordered by a neurologist (nervous system doctor)

Coverage Criteria for Relapsing forms of Multiple Sclerosis (RMS)

☐ **2.1** Ordered by a neurologist (nervous system doctor)

☐ **2.2** Diagnosis of relapsing forms of multiple sclerosis with intent to reduce the frequency of clinically acute worsening of disease, OR diagnosis of first clinical episode and have MRI features consistent with multiple sclerosis