

# Ocrelizumab (OCREVUS) for Primary Progressive Multiple Sclerosis

## Criteria for Use

### May 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

### Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive ocrelizumab.

- History of life-threatening infusion reaction to another anti-CD20 antibody (e.g., ublituximab, rituximab)
- Untreated active hepatitis B infection
- Untreated latent or active tuberculosis infection
- Concurrent use of another disease modifying therapy (DMT) to treat multiple sclerosis (MS) unless the previous agent will be discontinued when ocrelizumab is initiated
- Active infection or receiving chemotherapy
- Pregnancy

### Inclusion Criteria

All of the following criteria must be met.

- Care is provided by a VA/VA Community Care neurologist or locally designated MS expert (e.g., Spinal Cord Injury)
- Diagnosis of primary progressive multiple sclerosis (PPMS) has been established
- Expanded Disability Status Scale (EDSS) score of 6.5 or less
- Patient has been screened for hepatitis B virus (HBV) including HBsAg, HBsAb and HBcAb. If HBsAb negative and HBcAb positive or HBsAg positive, a liver disease expert must be consulted first. <sup>^1</sup>
- Quantitative serum immunoglobulins tested. If low, neurologist has documented risk/benefit assessment and/or an immunology expert was consulted prior to start
- All guideline recommended eligible immunizations administered at least 4 weeks prior to the start of treatment for live or live-attenuated vaccines, and whenever possible, at least 2 weeks prior to the start of treatment for inactivated vaccines

### Additional Inclusion Criteria

Select if applicable:

- For patients who can become pregnant: Pregnancy should be excluded prior to receiving ocrelizumab
- For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy and for 6 months after stopping treatment

## Footnotes

1. HBsAg: Hepatitis B surface antigen; HBsAb: Hepatitis B surface antibody; HBcAb: Hepatitis B core antibody

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