

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Ocrelizumab (Ocrevus) – PA Criteria

HCPC: J2350

Ocrevus is an anti-CD20 monoclonal antibody indicated for the treatment of adults with multiple sclerosis (MS). It is indicated for primary progressive as well as relapsing forms of multiple sclerosis (MS) to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease. Ocrevus is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Individual has a diagnosis of primary progressive or relapsing forms of MS
 - Therapy is prescribed by or in consultation with a neurologist
 - Individual is >18 years of age
 - Documentation is provided indicating screening for hepatitis B virus and quantitative serum immunoglobulin
 - Therapy is not being used in combination with other MS disease modifying therapies
 - If treating relapsing MS, individual meets **one** of the following:
 - Previous trial in the past 12 months of at least two MS disease modifying drug therapies that were not tolerated or ineffective as evidenced by disease progression OR explanation of contraindications for other MS disease modifying drug therapies
 - Documented need to use as first line therapy due to severity of MS or if they are at higher risk of poor long-term outcome (those with spinal cord involvement, highly active disease, poor relapse recovery, etc.)
 - Approval duration: 1 year
- **Continuation of Therapy (must meet all):**
 - Individual continues to meet initial criteria
 - Documentation is provided indicating disease improvement or stabilization
 - Approval duration: 1 year