



COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Service Authorization (SA) Form

Ocrevus® (ocrelizumab), Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq)

If the following information is not complete, correct, or legible, the SA process can be delayed.

Please use one form per member.

Physician Administered Drug: This form is only to be used for members obtaining the medication from a pharmacy through billing the pharmacy benefit at point-of-sale. Please reference [Ocrevus and Ocrevus Zunovo Clinical Criteria](#) for members/providers that will obtain the medication through the medical benefit.

MEMBER INFORMATION

Last Name:

First Name:

Medicaid ID Number:

Date of Birth:

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

First Name:

NPI Number:

Phone Number:

Fax Number:

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

DIAGNOSIS AND MEDICAL INFORMATION

For an initial request, complete the following questions to receive a 6-month approval:

1. Is the member at least 18 years of age?
☐ Yes ☐ No
2. Has the member been screened for the presence of Hepatitis B virus (HBV) prior to initiating treatment AND does not have active disease (i.e., positive HBsAg and anti-HBV tests)? **AND**
☐ Yes ☐ No
3. Has the member had baseline serum immunoglobulin assessed? **AND**
☐ Yes ☐ No
4. Will the member not receive live or live attenuated vaccines while on therapy or within 4 weeks prior to the initiation of treatment? **AND**
☐ Yes ☐ No
5. Is the member free of an active infection? **AND**
☐ Yes ☐ No
6. Will Ocrevus/Ocrevus Zunovo be used as a single therapy? **AND**
☐ Yes ☐ No
7. Has the member not received a dose of ocrelizumab or ublituximab within the past 5 months? **AND**
☐ Yes ☐ No
8. Does the member have a confirmed diagnosis of multiple sclerosis (MS) as documented by laboratory report (i.e., MRI)? **AND**
 - a. Does the member have a diagnosis of a relapsing form of MS [i.e., relapsing-remitting MS (RRMS)*, active secondary progressive disease (SPMS)**, or clinically isolated syndrome (CIS)***]? **OR**
 - b. Does the member have a diagnosis of primary progressive MS (PPMS)****? **AND**
 - i. Is the member less than 65 years of age? **AND**
 - ii. Does the member have an expanded disability status scale (EDSS) score of ≤ 6.5 ?
☐ Yes ☐ No

(Form continued on next page.)

For a renewal request, complete the following questions to receive a 12-month approval:

1. Does the member continue to meet the relevant criteria identified in the initial criteria? **AND**
☐ Yes ☐ No
2. Does the member have an absence of unacceptable toxicity from the drug? **AND**
☐ Yes ☐ No
3. Is the member being continuously monitored for response to therapy that indicates a beneficial response?
☐ Yes ☐ No

*Definitive diagnosis of MS with a relapsing-remitting course is based upon BOTH dissemination in time and space. Unless contraindicated, MRI should be obtained (even if criteria are met).	
Dissemination in time (Development/appearance of new CNS lesions over time)	Dissemination in space (Development of lesions in distinct anatomical locations within the CNS; multifocal)
<ul style="list-style-type: none"> ▪ ≥ 2 clinical attacks; OR ▪ 1 clinical attack and one of the following: <ul style="list-style-type: none"> – MRI indicating simultaneous presence of gadolinium-enhancing and non-enhancing lesions at any time or by a new T2- hyperintense or gadolinium-enhancing lesion on follow-up MRI compared to baseline scan – CSF-specific oligoclonal bands 	<ul style="list-style-type: none"> ▪ ≥ 2 lesions; ▪ 1 lesion and one of the following: <ul style="list-style-type: none"> – Clear-cut historical evidence of a previous attack involving a lesion in a distinct anatomical location – MRI indicating ≥ 1 T2-hyperintense lesions characteristic of MS in ≥ 2 of 4 areas of the CNS (periventricular, cortical or juxtacortical, infratentorial, or spinal cord)
**Active secondary progressive MS (SPMS) is defined as the following:	
<ul style="list-style-type: none"> ▪ Expanded Disability Status Scale (EDSS) score ≥ 3.0; AND ▪ Disease is progressive ≥ 3 months following an initial relapsing-remitting course (i.e., EDSS score increase by 1.0 in members with EDSS ≤5.5 or increase by 0.5 in members with EDSS ≥6); AND <ul style="list-style-type: none"> – ≥ 1 relapse within the previous 2 years; OR – Member has gadolinium-enhancing activity or new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI 	

(Form continued on next page.)

*****Definitive diagnosis of CIS is based upon ALL of the following:**

- A monophasic clinical episode with member-reported symptoms and objective findings reflecting a focal or multifocal inflammatory demyelinating event in the CNS
- Neurologic symptom duration of at least 24 hours, with or without recovery
- Absence of fever or infection
- Member is not known to have multiple sclerosis

******Definitive diagnosis of MS with a primary progressive course is based upon the following:**

- 1 year of disability progression independent of clinical relapse; **AND**
- **Two** of the following:
 - ≥ 1 T2-hyperintense lesion characteristic of MS in one or more of the following regions of the CNS: periventricular, cortical or juxtacortical, or infratentorial
 - ≥ 2 T2-hyperintense lesions in the spinal cord
 - Presence of CSF-specific oligoclonal bands

Prescriber Signature (Required)

Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the SA process.

Submission of documentation does NOT guarantee coverage by the Department of Medical Assistance Services.

Fax this form to 1-866-940-7328

Pharmacy PA call center: 1-800-310-6826