

## Ocrevus Drug Use Criteria

Created: October 2017

Reviewed: May 2019, August 2021

Includes:

**Ocrevus®**

*Ocrelizumab*

### **GUIDELINE FOR USE:**

For consideration of coverage refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria for Ocrevus® available at:

[https://www.orpdl.org/durm/PA\\_Docs/ocrelizumab.pdf](https://www.orpdl.org/durm/PA_Docs/ocrelizumab.pdf)

### **Rationale:**

To ensure medically appropriate, cost effective use of medications based on the best available evidence and to align with the Oregon Medicaid FFS Drug Use Criteria.

### **References:**

1. Oregon Medicaid FFS Drug Use Criteria. Ocrelizumab (Ocrevus®) Drug Use Research and Management. Health Systems Division. Oregon Health Authority.