Louisiana Medicaid
Ocrelizumab and Hyaluronidase-ocsq (Ocrevus Zunovo™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for ocrelizumab and hyaluronidase-ocsq (Ocrevus Zunovo™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient has a diagnosis of multiple sclerosis; **AND**
- The recipient is 18 years of age or older on the date of the request; **AND**
- The medication is prescribed by, or the request states that this medication is being prescribed in consultation with, a neurologist; **AND**
- **ONE** of the following applies:
    - The recipient has had a *treatment failure* with at least one preferred product that is indicated for treatment of multiple sclerosis (see Multiple Sclerosis Agents on PDL); **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product that is indicated for treatment of multiple sclerosis (see Multiple Sclerosis Agents on PDL); **OR**
    - The recipient has a *documented contraindication(s)* to all of the preferred products that are indicated for treatment of multiple sclerosis (see Multiple Sclerosis Agents on PDL); **OR**
    - There is *no preferred product that is appropriate to use for the condition* being treated (see Multiple Sclerosis Agents on PDL)**.**

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for initiation and continuation of therapy: 12 months

References

Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) [package insert]. San Francisco, CA: Genentech, Inc; September 2024. https://www.gene.com/download/pdf/ocrevus_zunovo_prescribing.pdf

Revision / Date	Implementation Date
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