Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

# *Ocrevus® (Ocrelizumab), Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq) Prior Authorization (PA) Form*

Virginia | HealthKeepers, Inc. | Anthem HealthKeepers Plus Medicaid products

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

## 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: _____ Drug form: _____

Drug strength: _____ Dosing frequency: _____

Length of therapy: _____ Quantity: _____

(Form.continued.next.page¡)


VABCBS-CD-079358-25-SRS78553 April 2025 Effective 04/01/2025

**Member's last name:** **Member's first name:**

**Diagnosis and medical information**

**For an initial request, complete the following questions to receive a six-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 (for example, 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 four 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 five months? AND

   ☐ Yes ☐ No

8. Does the member have a confirmed diagnosis of multiple sclerosis (MS) as documented by laboratory report (for example., MRI)? AND

   a. Does the member have a diagnosis of a relapsing form of MS for example, 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.)*

**Member's last name:** | | | | | | | | | | | | **Member's first name:** | | | | | | | | | | | |

**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<br>(Development of new CNS lesions over time) | Dissemination in space (Development of lesions in distinct anatomical locations within the CNS · multifocal) |
| • ≥ Two clinical attacks; OR<br>• One clinical attack and one of the following:<br>  ○ 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<br>  ○ CSF-specific oligoclonal bands | • ≥ Two lesions;<br>• One lesion and one of the following:<br>  ○ Clear-cut historical evidence of a previous attack involving a lesion in a distinct anatomical location<br>  ○ MRI indicating ≥ one T2-hyperintense lesions characteristic of MS in ≥ two of four areas of the CNS (periventricular, cortical or juxtacortical, infratentorial, or spinal cord) |
| **Active secondary progressive MS (SPMS) is defined as the following: | |
| • Expanded Disability Status Scale (EDSS) score ≥ 3.0; and<br>• Disease is progressive ≥ three months following an initial relapsing-remitting course (for example., EDSS score increase by 1.0 in members with EDSS ≤5.5 or increase by 0.5 in members with EDSS ≥6); AND<br>  ○ ≥ One relapse within the previous two years; OR<br>  ○ Member has gadolinium-enhancing activity OR new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI | |

*(Form continued on next page.)*

**Member's last name:** **Member's first name:**

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|---|
| • A monophasic clinical episode with member-reported symptoms and objective findings reflecting a focal or multifocal inflammatory demyelinating event in the CNS<br>• Neurologic symptom duration of at least 24 hours, with or without recovery<br>• Absence of fever or infection<br>• Member is not known to have multiple sclerosis |
| ****Definitive diagnosis of MS with a primary progressive course is based upon the following: |
| • One year of disability progression independent of clinical relapse; **AND**<br>• **Two** of the following:<br>o ≥ One T2-hyperintense lesion characteristic of MS in one or more of the following regions of the CNS: periventricular, cortical or juxtacortical, or infratentorial<br>o ≥ Two T2-hyperintense lesions in the spinal cord<br>o 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 PA process.**

Submission of documentation does **not** guarantee coverage.
The completed form may be **faxed to 844-512-7020**.