

Ocrevus and Zinbryta Drug Use Criteria

Created: October 2017

Reviewed: May 2019

Includes:

Ocrevus®	<i>Ocrelizumab</i>
Zinbryta®	<i>Daclizumab</i>

GUIDELINE FOR USE:

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

http://www.orpdl.org/durm/PA_Docs/Daclizumab_and_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. Daclizumab (Zinbryta®) and Ocrelizumab (Ocrevus®) Drug Use Research and Management. Health Systems Division. Oregon Health Authority.