

BC PharmaCare Drug Information

The drug below is being considered for coverage under the BC PharmaCare program. PharmaCare is a government-funded drug plan that helps B.C. residents with the cost of eligible prescription drugs and medical supplies. For more information about PharmaCare, visit the [PharmaCare website](#).

PharmaCare reviews each drug for treating a specific illness or medical condition (also called an “indication”). If PharmaCare decides to cover a drug, that coverage applies only to the indication(s) specified. In some cases, PharmaCare covers a drug only for people who have not responded to other drugs that treat the same indication.

More information about the PharmaCare drug review process is provided on the last page of this document.

Drug information	
Generic name (scientific name)	ocrelizumab
Brand name	Ocrevus® SC
Manufacturer	Hoffmann-La Roche Ltd. Canada
Indication	For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease defined by clinical and imaging features, AND for the management of adult patients with early primary progressive multiple sclerosis (PPMS) as defined by disease duration and level of disability, in conjunction with imaging features characteristic of inflammatory activity.
Has the drug been reviewed by CDA-AMC, or will CDA-AMC be reviewing it? (See note below.)	Yes For more information about the CDA-AMC Reimbursement Review (CRR) of ocrelizumab (Ocrevus SC), Search the CDA-AMC Reports .
Public input start date	Wednesday, September 30, 2026
Public input closing date	Tuesday, October 27, 2026, at 11:59 pm

Drug information	
How is the drug taken?	Ocrevus SC is given as a subcutaneous (SC) injection, under the skin of the abdomen, administered over approximately 10 minutes.
How often is the drug taken?	Ocrevus SC is injected once every 6 months.
General drug and/or drug study information	The Ministry of Health is reviewing Ocrevus SC for the treatment of MS, including the treatment of adult patients with RRMS with active disease defined by clinical and imaging features, and for the management of adult patients with early PPMS as defined by disease duration and level of disability, in conjunction with imaging features characteristic of inflammatory activity. MS is a disease in which the body's immune system attacks the protective covering of nerves in the brain and spinal cord, disrupting communication between the brain and the rest of the body. Symptoms can include vision problems, fatigue, weakness, numbness or tingling, difficulty with balance or walking, and problems with thinking or memory. Relapsing-remitting multiple sclerosis (RRMS) is characterized by periods when symptoms worsen followed by periods of partial or complete recovery, while primary progressive multiple sclerosis (PPMS) is characterized by a gradual worsening of symptoms over time. Ocrevus SC is a monoclonal antibody, a type of medicine that targets specific cells in the body. Ocrevus SC targets and reduces certain immune cells called CD20-positive B cells, which are believed to play a role in the nerve damage and inflammation that occur in multiple sclerosis Studies looked at the following: • Serum ocrelizumab AUC (area under the concentration-time curve), a measure of total exposure to ocrelizumab in the blood from Day 1 to Week 12. • C_{max} of ocrelizumab SC (maximum blood concentration), a measure of the highest amount of ocrelizumab in the blood after treatment is given, from Week 1 to Week 24. • Total number of gadolinium-enhancing (Gd+) T1 lesions on brain MRI, a measure of active inflammation in the brain, assessed at Weeks 8 and 24. • Total number of new or enlarging T2 lesions on brain MRI, a measure of new or worsening disease activity in the brain, assessed at Weeks 12 and 24.

Drug information	
	- Annualized relapse rate (ARR), a measure of the number of MS relapses per year, assessed at Weeks 24, 48 and 96. - Change from baseline in Expanded Disability Status Scale (EDSS) score, a measure of disability progression, assessed at Weeks 48, 72 and 96. - Bad reactions - Serious bad reactions - Patients leaving the trial due to bad reactions - Bad reactions of special interest: none
Other considerations	None

Note:

CDA-AMC ([Canada's Drug Agency-L'Agence des Médicaments du Canada](#)) is a national organization that reviews drugs on behalf of Canadian public sector plans when drug manufacturers want those plans to provide coverage for the drug. For detailed information about the PharmaCare drug review process, including the role of the CDA-AMC Reimbursement Review (CRR) in that process, visit [How PharmaCare Decides Which Drugs to Cover](#).

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	Dosage Form	PharmaCare Status (if and how the drug is already covered)
ocrelizumab (Ocrevus SC)	Vial (solution for SC injection)	Under Review for RRMS and PPMS
Comparators		
ocrelizumab (Ocrevus)	Vial (concentrate for solution for intravenous (IV) infusion)	Limited Coverage for PPMS; Under review for RRMS in pediatric patients 10 and older
alemtuzumab (Lemtrada)	Vial (concentrate for solution for IV infusion)	Limited Coverage for RRMS
dimethyl fumarate (Tecfidera, generics)	Delayed-release capsule	Limited Coverage for RRMS Subject to LCA

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	Dosage Form	PharmaCare Status (if and how the drug is already covered)
fingolimod (Gilenya, generics)	Capsule	Limited Coverage for RRMS Subject to LCA
glatiramer acetate (Mylan-Glatiramer, Glatect)	Pre-filled syringe	Limited Coverage for RRMS Subject to LCA
natalizumab (Tysabri)	Vial (concentrate for solution for IV infusion)	Limited Coverage for RRMS
rituximab (biosimilars)	Vial (concentrate for solution for IV infusion)	Limited Coverage for RRMS
ofatumumab (Kesimpta)	Prefilled syringe Autoinjector pen	Non-benefit
peginterferon beta 1a (Plegridy)	Pre-filled syringe Autoinjector pen	Non-benefit
interferon beta 1-a (Avonex)	Pre-filled syringe Autoinjector pen	Limited Coverage for RRMS
interferon beta 1a (Rebif)	Pre-filled syringe Pre-filled cartridge	Limited Coverage for RRMS
interferon beta 1b (Betaseron)	Vial (powder for SC injection)	Limited Coverage for RRMS and secondary progressive MS (SPMS)
teriflunomide (generics)	Tablet	Limited Coverage for RRMS Subject to LCA
cladribine (Mavenclad)	Tablet	Limited Coverage for RRMS
siponimod (Mayzent)	Tablet	Limited Coverage for SPMS

The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent national organization called [Canada's Drug Agency \(CDA-AMC\)](#) provides evidence-based recommendations to public drug plans across Canada through its reimbursement review process.

As part of the CDA-AMC's Clinical Reimbursement Review process, the Canadian Drug Expert Committee (CDEC) makes reimbursement recommendations for non-oncology pharmaceuticals to the participating federal, provincial, and territorial publicly funded drug plans. In developing its recommendations, the CDEC considers:

- whether the drug is safe and effective
- what the drug costs and whether it is a good value to the citizens of B.C.
- ethical considerations related to covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes a BC PharmaCare coverage decision by considering:

- existing BC PharmaCare policies, programs and resources
- the evidence-informed advice of the CDA-AMC
- the recommendations and reimbursement conditions of the CDEC
- if a Ministry Initiated review, the advice of an independent expert group called the Drug Benefit Council (DBC)
- BC-specific patient input collected through the Your Voice website
- drugs already covered by BC PharmaCare that treat similar medical conditions
- the overall cost of covering the drug

Visit [BC PharmaCare](#) and [Drug reviews](#) for more information.

This document provides information only.

It does not take the place of advice from a physician or other qualified health care provider.