Ocrelizumab: Adis Evaluation

Clinical Considerations

- Limits relapses, inflammatory activity and disease progression in patients with RMS
- Delays clinical and MRI progression in patients with PPMS
- Clinical benefits sustained over long-term treatment
- Most common adverse events include infusion-related reactions and infections (mostly of mild to moderate severity)

Plain Language Summary

Background and rationale

- Multiple sclerosis (MS) is a chronic, immune-mediated, neurodegenerative disease of the CNS
- In most patients, it starts as relapsing-remitting MS (RRMS), which involves exacerbations of neurological symptoms (i.e. relapses) followed by periods of remission
- In the less common primary progressive MS (PPMS), disability accrues steadily from disease onset
- It is now understood that B cells play key roles in MS pathophysiology
- Ocrelizumab (Ocrevus®), a monoclonal antibody that selectively depletes CD20+ B cells, is approved for treating adults with RMS and PPMS in various countries worldwide

Clinical findings

- Ocrelizumab reduces relapse rates and indicators of disease activity in patients with RMS, and delays the worsening of disability in patients with RMS and PPMS
- Of convenience to patients, ocrelizumab is intravenously administered every six months and can be infused rapidly (over ≈ 2 hours) without its safety being substantially altered

Conclusion

Ocrelizumab is a generally well-tolerated and highly effective treatment option for RMS and constitutes the first approved pharmacotherapy for PPMS

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