

All about OCREVUS and how it may be right for you.

Dear MS, Meet 2-times-a-year OCREVUS.

HANNAH, USING OCREVUS SINCE 2018

OCREVUS is a 2-times-a-year* prescription infusion for adults with relapsing or primary progressive forms of multiple sclerosis.

*Your first dose will be split between two treatments for a total of three treatments your first year.

OCREVUS[®]
ocrelizumab 300MG/10ML
INJECTION FOR IV



What is OCREVUS?

- OCREVUS is a prescription medicine used to treat:
- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
 - Primary progressive MS, in adults.
- It is not known if OCREVUS is safe or effective in children.

Who should not receive OCREVUS?

- Do not** receive OCREVUS if you have an active hepatitis B virus (HBV) infection.
- Do not** receive OCREVUS if you have had a life threatening allergic reaction to OCREVUS. Tell your healthcare provider if you have had an allergic reaction to OCREVUS or any of its ingredients in the past.

What is the most important information I should know about OCREVUS?

OCREVUS can cause serious side effects, including:

- **Infusion reactions:** OCREVUS can cause infusion reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion reaction.
- **Infection:** OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.

Please see additional Important Safety Information throughout guide and accompanying full Prescribing Information and Medication Guide.

YOU HAVE OPTIONS WHEN IT COMES TO MS TREATMENTS.

Is 2-times-a-year* OCREVUS right for you?

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*Your first dose will be split between two treatments for a total of three treatments your first year.

KIM, USING OCREVUS

SINCE 2017





VALERIE, USING OCREVUS
SINCE 2017

KIM, USING OCREVUS
SINCE 2017



NADEJDA, USING OCREVUS
SINCE 2016



KODY, USING OCREVUS
SINCE 2017

OCREVUS AT A GLANCE

2-times-a-year treatment*

It is proven effective in reducing relapses and slowing disability progression in relapsing MS.[†]

It's also proven effective in slowing disability progression in PPMS.

Safety profile based on 3 clinical trials. See Important Safety Information on pages 15-16.

In just two years, **over 100,000 people have been treated globally with OCREVUS.**

The #1 prescribed DMT for people starting or switching to a new MS medication.[‡]

OCREVUS CONNECTS™ is a resource center dedicated to answering your questions related to OCREVUS and MS.

*Your first dose will be split between two treatments for a total of three treatments your first year.

†Compared with REBIF® in RMS and placebo in PPMS. REBIF® is a registered trademark of EMD Serono, Inc.

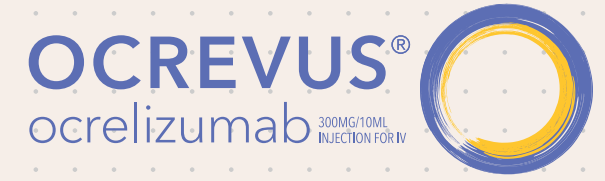
‡Based on Symphony Health Association data July 2017 through May 2019.

Important Safety Information for OCREVUS

What is the most important information I should know about OCREVUS? OCREVUS can cause serious side effects, including:






- **Infusion reactions:** OCREVUS can cause infusion reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion reaction.

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SELECT MS TREATMENT OPTIONS AND DOSING FREQUENCY*

<p>OCREVUS® (ocrelizumab) First dose is split into 2 treatments, for a total of 3 treatments the first year</p>	 <p>x2/year</p>
<p>TECFIDERA® (dimethyl fumarate) 1 pill, twice a day</p>	 <p>x730/year</p>
<p>AUBAGIO® (teriflunomide) 1 pill, once a day</p>	 <p>x365/year</p>
<p>TYSABRI® (natalizumab) 1 infusion every 4 weeks</p>	 <p>x13/year</p>
<p>COPAXONE® (glatiramer acetate injection) 1 injection every day or 3 times per week, depending on dose</p>	 <p>x365/year (or 156)</p>

*Top 5 FDA-approved MS treatments for patients starting or switching to a new MS treatment; October 2018-May 2019 Symphony Health average prescriber-based data.

This is not a complete list of all the available treatments for MS. The comparison pertains only to differences in dosing and administration, and should not be considered a comparison of efficacy or safety.

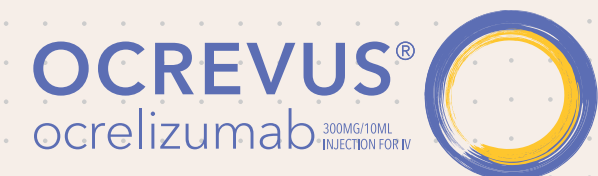
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Important Safety Information for OCREVUS

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- **Infection:** OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.

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OCREVUS REDUCED RELAPSES AND SLOWED DISABILITY PROGRESSION IN RELAPSING MS.

OCREVUS was proven in two large, identical clinical studies over two years against REBIF, a currently approved treatment for relapsing MS, not a placebo. A placebo is a substance or treatment that has no active medicine.

Here are the people included in the studies:

- 1656 people (827 received OCREVUS, 829 received REBIF)
- 18-55 years of age
- Average time since diagnosis was about 4 years
- Had experienced ≥2 relapses in last 2 years, or ≥1 relapse in last year
- Had T1 gadolinium-enhancing (Gd+) lesions and/or T2 hyperintense lesions

Why this is important:

- Studied in a large number of people with relapsing MS
- Studied in a range of people with MS
- Studied in people who had active disease

Important Safety Information for OCREVUS

What is the most important information I should know about OCREVUS?

OCREVUS can cause serious side effects, including:

- **Progressive Multifocal Leukoencephalopathy (PML):** Although no cases have been seen with OCREVUS treatment in clinical trials, PML may happen with OCREVUS. PML is a rare brain infection that usually leads to death or severe disability. Tell your healthcare provider right away if you have any new or worsening neurologic signs or symptoms. These may include problems with thinking, balance, eyesight, weakness on 1 side of your body, strength, or using your arms or legs.

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IN 2 LARGE, IDENTICAL CLINICAL STUDIES IN 2 YEARS:

✓ OCREVUS cut relapses nearly in half.

IN STUDY 1

OCREVUS
REDUCED RELAPSES BY

46%

COMPARED
WITH REBIF

✓ More people taking OCREVUS had no relapses.

IN STUDY 1

83%

OF PEOPLE TAKING OCREVUS
HAD NO RELAPSES

COMPARED WITH

71%
FOR REBIF

RESULTS WERE CONSISTENT IN STUDY 2.
FOR MORE INFORMATION, PLEASE VISIT OCREVUS.COM

OCREVUS WAS BETTER AT SLOWING DISABILITY PROGRESSION COMPARED WITH REBIF ACROSS 2 YEARS.

PEOPLE TAKING OCREVUS WERE

40% LESS LIKELY

TO HAVE DISABILITY PROGRESSION THAN THOSE TAKING REBIF**

9.8% of people taking OCREVUS had disability progression

compared with **15.2%** of those taking REBIF

WHAT IS DISABILITY PROGRESSION?

Disability progression is the increase in physical disability that happens over time for people with MS. How and when it happens is different for everyone.

*Disability progression was confirmed 3 months after the initial neurological change.

†Disability progression was also confirmed after 6 months.

HOW IS DISABILITY PROGRESSION MEASURED IN CLINICAL STUDIES?

Disability progression is measured using a tool called the Expanded Disability Status Scale (EDSS). It assesses your functionality or changes to function in the following areas:

- Muscle weakness or difficulty moving limbs
- Tremor or loss of coordination
- Problems with speech, swallowing, or involuntary eye movements
- Numbness or loss of sensations
- Bowel and bladder function
- Visual function - problems with sight
- Cerebral functions - problems with thinking and memory
- Walking

In the combined results of two large studies,

33% more people taking OCREVUS had confirmed disability improvement compared with those taking Rebif†

†Disability improvement was also measured using the EDSS and was confirmed after 3 months.



HANNAH, USING OCREVUS SINCE 2018

Important Safety Information for OCREVUS

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- **Hepatitis B virus (HBV) reactivation:** Before starting treatment with OCREVUS, your healthcare provider will do blood tests to check for hepatitis B viral infection. If you have ever had hepatitis B virus infection, the hepatitis B virus may become active again during or after treatment with OCREVUS. Hepatitis B virus becoming active again (called reactivation) may cause serious liver problems including liver failure or death. Your healthcare provider will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop receiving OCREVUS.

Please see additional Important Safety Information throughout guide and accompanying full Prescribing Information and Medication Guide.

OCREVUS IS THE FIRST AND ONLY APPROVED TREATMENT FOR PPMS.

People were treated with OCREVUS or placebo for at least 120 weeks.



Here are the people included in the studies:

732 people
(488 taking OCREVUS, 244 taking placebo)

18-55 years of age

Average time since people experienced the start of symptoms was about 7 years

Had not previously received MS disease-modifying treatment (88%) and those who had (12%)

Why this is important:

Studied in a large number of people

Studied in a variety of people who have MS

Study included people who had not been taking a treatment and those who had

Important Safety Information for OCREVUS

What is the most important information I should know about OCREVUS?

OCREVUS can cause serious side effects, including:

- **Weakened immune system:** OCREVUS taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:

- have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
- have ever had hepatitis B or are a carrier of the hepatitis B virus.

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PEOPLE TAKING OCREVUS WERE

24% LESS LIKELY

TO HAVE DISABILITY PROGRESSION THAN THOSE TAKING PLACEBO.*†

32.9% of people taking OCREVUS had disability progression

compared with **39.3%** of those taking placebo*



WHY THIS IS IMPORTANT:

DISABILITY PROGRESSION WAS DELAYED

for people taking OCREVUS as compared with those taking placebo

WHAT IS DISABILITY PROGRESSION?

Disability progression is the increase in physical disability that happens over time for people with MS. How and when it happens is different for everyone.

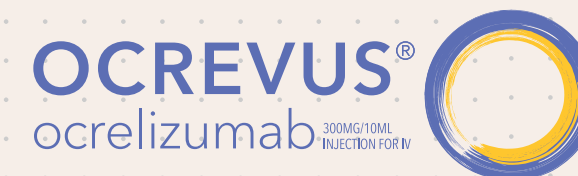
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*Disability progression was confirmed 3 months after the initial neurological change.

†Disability progression was also confirmed after 6 months.



HOW OCREVUS IS GIVEN

OCREVUS IS AN INFUSION THAT IS GIVEN 2 TIMES A YEAR.

- Your first dose of OCREVUS will be given as two separate infusions two weeks apart, each lasting 2.5 hours*
- Every dose after your first will be given as one single infusion six months apart, each lasting 3.5 hours*
- Infusions can be given at an infusion center or your doctor's office. Your care team will help find a location for you

*The length of infusion could be longer if an infusion reaction occurs.

YEAR 1: THREE INFUSIONS



YEAR 2 & BEYOND: TWO INFUSIONS PER YEAR



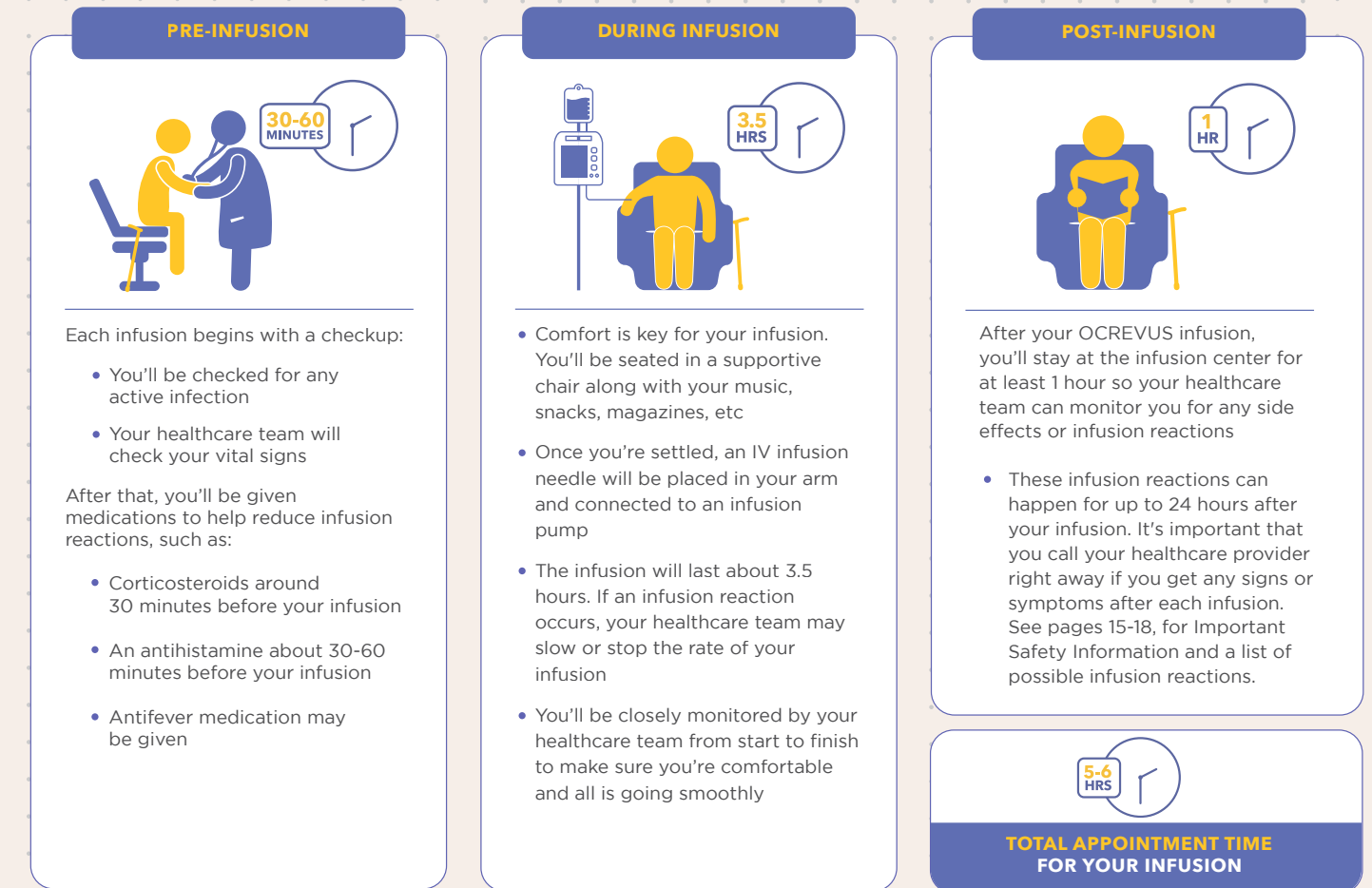
Important Safety Information for OCREVUS

Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:

- have had a recent vaccination or are scheduled to receive any vaccinations.
- **You should receive any required 'live' or 'live-attenuated' vaccines at least 4 weeks before you start treatment with OCREVUS.** You **should not receive** 'live' or 'live attenuated' vaccines while you are being treated with OCREVUS and until your healthcare provider tells you that your immune system is no longer weakened.
- **When possible, you should receive any 'non-live' vaccines at least 2 weeks before you start treatment with OCREVUS.** If you would like to receive any non-live (inactivated) vaccines, including the seasonal flu vaccine, while you are being treated with OCREVUS, talk to your healthcare provider.
- If you are pregnant or planning to become pregnant talk to your doctor about vaccinations for your baby, as some precautions may be needed.

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HERE'S WHAT YOUR TREATMENT DAY MAY LOOK LIKE:



HELPFUL TIPS FOR TREATMENT DAY:

1. Keep a list of your medications handy
2. Bring a list of all the healthcare providers who help manage your care
3. Make a list of questions for your healthcare team
4. Bring a laptop, tablet, cards, or books to keep you busy during your infusion
5. Wear comfortable, loose-fitting clothing
6. Stay hydrated—bring a water bottle with you
7. Before you leave, be sure to schedule your next infusion appointment

Important Safety Information for OCREVUS

Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if OCREVUS will harm your unborn baby. You should use birth control (contraception) during treatment with OCREVUS and for 6 months after your last infusion of OCREVUS.

Please see additional Important Safety Information throughout guide and accompanying full Prescribing Information and Medication Guide.

IMPORTANT OCREVUS SAFETY INFORMATION

What is OCREVUS?

OCREVUS is a prescription medicine used to treat:

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OCREVUS can cause serious side effects, including:

- **Infusion reactions:** OCREVUS can cause infusion reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion reaction. Tell your healthcare provider or nurse if you get any of these symptoms:

- itchy skin
- rash
- hives
- tiredness
- coughing or wheezing
- trouble breathing
- throat irritation or pain
- feeling faint
- fever
- redness on your face (flushing)
- nausea
- headache
- swelling of the throat
- dizziness
- shortness of breath
- fatigue
- fast heart beat

These infusion reactions can happen for up to 24 hours after your infusion. It is important that you call your healthcare provider right away if you get any of the signs or symptoms listed above after each infusion. If you get infusion reactions, your healthcare provider may need to stop or slow down the rate of your infusion.

• Infection:

- OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.
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or death. Your healthcare provider will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop receiving OCREVUS.

- **Weakened immune system:** OCREVUS taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:

- have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
- have ever had hepatitis B or are a carrier of the hepatitis B virus.
- have had a recent vaccination or are scheduled to receive any vaccinations.
 - **You should receive any required 'live' or 'live-attenuated' vaccines at least 4 weeks before you start treatment with OCREVUS.** You **should not** receive 'live' or 'live attenuated' vaccines while you are being treated with OCREVUS and until your healthcare provider tells you that your immune system is no longer weakened.
 - **When possible, you should receive any 'non-live' vaccines at least 2 weeks before you start treatment with OCREVUS.** If you would like to receive any non-live (inactivated) vaccines, including the seasonal flu vaccine, while you are being treated with OCREVUS, talk to your healthcare provider.
- If you are pregnant or planning to become pregnant talk to your doctor about vaccinations for your baby, as some precautions may be needed.

- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if OCREVUS will harm your unborn baby. You should use birth control (contraception) during treatment with OCREVUS and for 6 months after your last infusion of OCREVUS.
- are breastfeeding or plan to breastfeed. It is not known if OCREVUS passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take OCREVUS.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of OCREVUS?

OCREVUS may cause serious side effects, including:

- **Risk of cancers (malignancies) including breast cancer.** Follow your healthcare provider's instructions about standard screening guidelines for breast cancer. Most common side effects include infusion reactions and infections.

These are not all the possible side effects of OCREVUS. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

For more information, go to www.OCREVUS.com or call 1-844-627-3887.

INFUSION REACTIONS

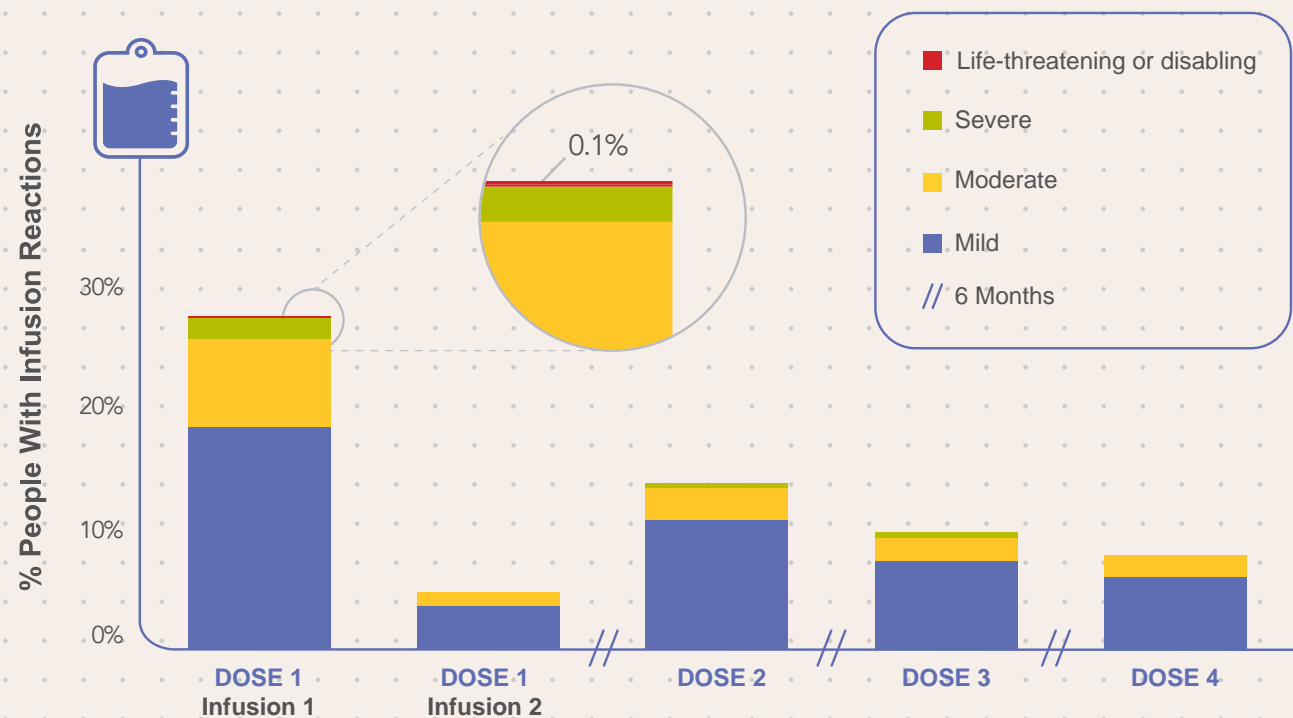
OCREVUS can cause infusion reactions that can be serious and require you to be hospitalized.

A LITTLE MORE ABOUT INFUSION REACTIONS:

Most OCREVUS infusion reactions are mild to moderate and treatable with infusion adjustments and medicines to help with the reactions.* Infusion reactions can occur up to 24 hours after infusion. Please tell your healthcare provider or nurse if you get any of these symptoms:

- Itchy skin
- Rash
- Hives
- Tiredness
- Coughing or wheezing
- Trouble breathing
- Throat irritation or pain
- Feeling faint
- Fever
- Redness of the face (flushing)
- Nausea
- Headache
- Swelling of the throat
- Dizziness
- Shortness of breath
- Fatigue
- Fast heartbeat

In clinical studies, rates of infusion reactions were highest at the first dose. Infusion reactions were the most common during and within an hour after the infusion.



*Data shown are from relapsing MS studies (Study 1 and Study 2) and are comparable with rates seen in the PPMS study (Study 3).

ADDITIONAL POSSIBLE SIDE EFFECTS

An increased risk of malignancies, including breast cancer, may exist with OCREVUS.

Follow your healthcare provider's instructions about standard screening guidelines for breast cancer.

In 3 main clinical trials **6⁺/781** (<1%) patients receiving OCREVUS were diagnosed with breast cancer. There were **no cases** of breast cancer during the trial period among patients taking REBIF or placebo.

[†]2 Relapsing MS and 4 PPMS patients.

THE FDA RECOMMENDS THAT PATIENTS TAKING OCREVUS SHOULD FOLLOW STANDARD BREAST CANCER SCREENING GUIDELINES.

WHAT YOU CAN DO:

Talk with your healthcare provider about the risks of breast cancer with OCREVUS, and the risks and benefits of screening.

THE AMERICAN CANCER SOCIETY RECOMMENDS¹:

AGE 40-44

Annual mammogram, if you and your healthcare provider feel it is appropriate

AGE 45-54

Annual mammogram recommended

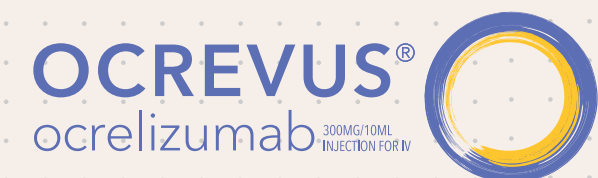
AGE 55+

Mammogram every 2 years or annually, depending on what you and your healthcare provider feel is appropriate

Women under 40 with risk factors for breast cancer should talk with their healthcare provider about the risks and the potential benefits of mammograms, and how often to have them.

¹Your healthcare provider may use guidelines from other federally recognized sources.

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HOW OCREVUS MAY WORK

IN THE BODY

- The **central nervous system** (the brain and spinal cord) carries signals to and from the rest of the body via nerve cells. These signals allow us to move, see, and sense things
- The **immune system** uses many types of cells, including B cells and T cells, to help the body fight infections caused by viruses or bacteria

MS IS THOUGHT TO AFFECT BOTH THE CENTRAL NERVOUS SYSTEM AND THE IMMUNE SYSTEM

The immune system behaves abnormally in MS. Instead of fighting infections, some B cells and T cells are misdirected to attack myelin (the fatty sheath that protects nerves and helps maintain the signals carried by the nerves).

OCREVUS is thought to work differently than other MS medicines. While it is not exactly known how OCREVUS works, it is thought to target certain types of B cells, which scientists now agree play an important role in the process of MS.



KODY, USING OCREVUS SINCE 2017

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Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:

- are breastfeeding or plan to breastfeed. It is not known if OCREVUS passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take OCREVUS.

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FAQS ABOUT OCREVUS

Q: How can OCREVUS affect pregnancy?

A: You should tell your healthcare provider if you are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if OCREVUS will harm your unborn baby. You should use birth control (contraception) during treatment with OCREVUS and for 6 months after your last treatment of OCREVUS.

Q: Can I get a vaccination while taking OCREVUS?

A: You should not receive certain types of vaccines during your treatment. Talk to your healthcare provider about any recent or scheduled vaccinations before taking OCREVUS. For more information, see pages 15-16.

Q: Can I still get my infusion if I have an infection?

A: Your healthcare provider will check if you have an active infection, and if you do, will temporarily delay your treatment until the infection goes away.

Q: How long does the total treatment process take?

A: Your first dose is 2 separate infusions, 2 weeks apart. The total process for those 2 infusion visits is 4-5 hours. The infusion itself is about 2.5 hours. The additional time is for your infection assessment, premedication, and monitoring time post infusion. All following doses are 1 single infusion every 6 months. The total process for those infusion visits is 5-6 hours, but may take longer if there are infusion reactions. The infusion itself is about 3.5 hours. The additional time is for your infection assessment, premedication, and monitoring time post-infusion.

Q: What should I do if I feel unwell during or after an infusion?

A: If you experience an infusion reaction, you may be given medicines to treat the reaction, and the infusion may need to be slowed down or stopped. When the symptoms resolve, the infusion may be continued. If the infusion reaction is life-threatening, your healthcare provider will permanently stop treatment with OCREVUS.

Q: When do infusion reactions typically occur?

A: In clinical studies with OCREVUS, infusion reactions were a common side effect and can happen for up to 24 hours after your infusion. In these studies, the rate of infusion reactions was 34%-40%. Infusion reactions were most common during and within an hour after the infusion.



MOST INFUSION VISITS WILL TAKE 5-6 HOURS



PEOPLE AND RESOURCES TO HELP YOU THROUGH YOUR MS TREATMENT.



OCREVUS CONNECTS™ is the resource center dedicated to helping answer your questions about OCREVUS and MS. When you dial the toll-free number 1-844-OCREVUS (627-3887), you'll speak directly with someone who will connect you with the service that will best meet your needs. Support is available Monday-Friday 9 AM-8 PM ET.

The support services we offer:



Patient Navigator*
(your personal guide throughout your treatment with OCREVUS)

*If you enroll in the program.



Answers to questions about OCREVUS and MS



Additional resources (including live programs)

Once you have been prescribed OCREVUS, you can enroll in a program where **you will be teamed up with your own personal Patient Navigator. This person will work with you and your healthcare team throughout your entire journey with OCREVUS**, including working with you and your healthcare provider to find an infusion site, explaining how your insurance can cover your treatment with OCREVUS, and helping you find assistance options, if you are eligible.

OCREVUS CONNECTS™ is available to you to answer your general questions about OCREVUS and MS. If you have questions about your specific medical condition or care, be sure to talk to your doctor.

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Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

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WE WANT YOU TO BE ABLE TO HAVE ACCESS TO OCREVUS.

We understand that cost can be one of the biggest barriers to treatment. That's why we're committed to helping you. Here are some of the resources we offer to help you in regard to cost.

The OCREVUS Co-pay Program:

This program helps people who have commercial health insurance.[†] This might be a plan you get through your employer or one you purchased through a Health Insurance Marketplace like HealthCare.gov. To qualify, you must also meet other criteria.

Independent Co-pay Assistance Foundations:

If you need help with your co-pay for your Genentech medicine, OCREVUS Access Solutions[®] can refer you to an independent co-pay assistance foundation that helps patients who have public health insurance or commercial health insurance.[‡]

Genentech Patient Foundation:

The Genentech Patient Foundation gives free Genentech medicine to people who meet certain income criteria and don't have insurance coverage or have financial concerns.[§]

[†]In order to be eligible for the OCREVUS Co-pay Card, the patient must have commercial insurance; must not have Medicare, Medicaid, or other government insurance, and must meet other eligibility criteria. Patients also must agree to the rules set forth in the terms and conditions for the program. Please visit www.OCREVUS.com/copay for the full list of terms and conditions.

[‡]Independent co-pay assistance foundations have their own rules for eligibility. We cannot guarantee a foundation will help you. We only refer you to a foundation that supports your disease state. We do not endorse or show financial preference for any particular foundation. The foundations we refer you to are not the only ones that might be able to help you.

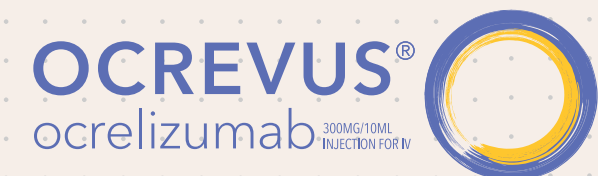
[§]If you have health insurance for your medicine, you must have already tried other types of patient assistance to qualify for free OCREVUS from the Genentech Patient Foundation. This includes the OCREVUS Co-pay Card and support from independent co-pay assistance foundations. You must also meet financial criteria. If you do not have insurance or your insurance does not cover your medicine, you must meet different financial criteria.

Important Safety Information for OCREVUS

What are the possible side effects of OCREVUS? OCREVUS may cause serious side effects, including:

- Risk of cancers (malignancies) including breast cancer. Follow your healthcare provider's instructions about standard screening guidelines for breast cancer.

Please see additional Important Safety Information throughout guide and accompanying full Prescribing Information and Medication Guide.



TALK TO YOUR DOCTOR ABOUT OCREVUS.

See our doctor/patient discussion guide on pages 23-24.

HANNAH, USING OCREVUS
SINCE 2018



OCREVUS CONNECTS™ is a resource center dedicated to helping you. **Learn more at [OCREVUS.com](https://www.ocrevus.com).**

WE'RE HERE FOR YOU.

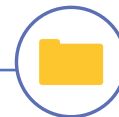


Patient Navigator
(your personal guide throughout your treatment with OCREVUS)

*If you enroll in the program.



Answers to questions about OCREVUS and MS



Additional resources (including live programs)

OCREVUS[®]

ocrelizumab 300MG/10ML
INJECTION FOR IV

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use OCREVUS safely and effectively. See full prescribing information for OCREVUS.

OCREVUS[®] (ocrelizumab) injection, for intravenous use
Initial U.S. Approval: 2017

RECENT MAJOR CHANGES

Indications and Usage (1)	7/2019
Warnings and Precautions, Infusion Reactions (5.1)	11/2019

INDICATIONS AND USAGE

OCREVUS is a CD20-directed cytolytic antibody indicated for the treatment of:

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults (1)
- Primary progressive MS, in adults (1)

DOSAGE AND ADMINISTRATION

- Hepatitis B virus screening is required before the first dose (2.1)
- Pre-medicate with methylprednisolone (or an equivalent corticosteroid) and an antihistamine (e.g., diphenhydramine) prior to each infusion (2.2)
- Administer OCREVUS by intravenous infusion
 - Start dose: 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion (2.3)
 - Subsequent doses: 600 mg intravenous infusion every 6 months (2.3)
- Must be diluted prior to administration (2.3, 2.6)
- Monitor patients closely during and for at least one hour after infusion (2.3, 2.5)

DOSAGE FORMS AND STRENGTHS

- Injection: 300 mg/10 mL (30 mg/mL) in a single-dose vial (3)

CONTRAINDICATIONS

- Active hepatitis B virus infection (4)
- History of life-threatening infusion reaction to OCREVUS (4)

WARNINGS AND PRECAUTIONS

- Infusion reactions: Management recommendations for infusion reactions depend on the type and severity of the reaction. Permanently discontinue OCREVUS if a life-threatening or disabling infusion reaction occurs (2.3, 5.1)
- Infections: Delay OCREVUS administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment with OCREVUS and after discontinuation, until B-cell repletion (5.2)
- Malignancies: An increased risk of malignancy, including breast cancer, may exist with OCREVUS (5.3)

ADVERSE REACTIONS

The most common adverse reactions were:

- RMS (incidence $\geq 10\%$ and $>$ REBIF): upper respiratory tract infections and infusion reactions (6.1)
- PPMS (incidence $\geq 10\%$ and $>$ placebo): upper respiratory tract infections, infusion reactions, skin infections, and lower respiratory tract infections (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

- Pregnancy: Based on animal data, may cause fetal harm (8.1)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 11/2019

FULL PRESCRIBING INFORMATION: CONTENTS*

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 - 2.1 Assessments Prior to First Dose of OCREVUS
 - 2.2 Preparation Before Every Infusion
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 - 2.4 Delayed or Missed Doses
 - 2.5 Dose Modifications Because of Infusion Reactions
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OCREVUS[®] (ocrelizumab)

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

OCREVUS is indicated for the treatment of:

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
- Primary progressive MS, in adults

2 DOSAGE AND ADMINISTRATION

2.1 Assessments Prior to First Dose of OCREVUS

Hepatitis B Virus Screening

Prior to initiating OCREVUS, perform Hepatitis B virus (HBV) screening. OCREVUS is contraindicated in patients with active HBV confirmed by positive results for HBsAg and anti-HBV tests. For patients who are negative for surface antigen [HBsAg] and positive for HB core antibody [HBcAb+] or are carriers of HBV [HBsAg+], consult liver disease experts before starting and during treatment [see Warnings and Precautions (5.2)].

Vaccinations

Because vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation until B-cell repletion, administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation of OCREVUS for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to initiation of OCREVUS for non-live vaccines [see Warnings and Precautions (5.2) and Clinical Pharmacology (12.2)].

2.2 Preparation Before Every Infusion

Infection Assessment

Prior to every infusion of OCREVUS, determine whether there is an active infection. In case of active infection, delay infusion of OCREVUS until the infection resolves [see Warnings and Precautions (5.2)].

Recommended Premedication

Pre-medicate with 100 mg of methylprednisolone (or an equivalent corticosteroid) administered intravenously approximately 30 minutes prior to each OCREVUS infusion to reduce the frequency and severity of infusion reactions [see Warnings and Precautions (5.1)]. Pre-medicate with an antihistamine (e.g., diphenhydramine) approximately 30-60 minutes prior to each OCREVUS infusion to further reduce the frequency and severity of infusion reactions.

The addition of an antipyretic (e.g., acetaminophen) may also be considered.

2.3 Recommended Dosage and Dose Administration

Administer OCREVUS under the close supervision of an experienced healthcare professional with access to appropriate medical support to manage severe reactions such as serious infusion reactions.

- Initial dose: 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion.
- Subsequent doses: single 600 mg intravenous infusion every 6 months.
- Observe the patient for at least one hour after the completion of the infusion [see Warnings and Precautions (5.1)].

OCREVUS® (ocrelizumab)

Table 1 Recommended Dose, Infusion Rate, and Infusion Duration for RMS and PPMS

		Amount and Volume ¹	Infusion Rate and Duration ³
Initial Dose (two infusions)	Infusion 1	300 mg in 250 mL	<ul style="list-style-type: none">Start at 30 mL per hourIncrease by 30 mL per hour every 30 minutesMaximum: 180 mL per hourDuration: 2.5 hours or longer
	Infusion 2 (2 weeks later)	300 mg in 250 mL	
Subsequent Doses (one infusion)	One infusion every 6 months ²	600 mg in 500 mL	<ul style="list-style-type: none">Start at 40 mL per hourIncrease by 40 mL per hour every 30 minutesMaximum: 200 mL per hourDuration: 3.5 hours or longer

¹Solutions of OCREVUS for intravenous infusion are prepared by dilution of the drug product into an infusion bag containing 0.9% Sodium Chloride Injection, to a final drug concentration of approximately 1.2 mg/mL.

²Administer the first Subsequent Dose 6 months after Infusion 1 of the Initial Dose.

³Infusion time may take longer if the infusion is interrupted or slowed [see *Dosage and Administration* (2.5)].

2.4 Delayed or Missed Doses

If a planned infusion of OCREVUS is missed, administer OCREVUS as soon as possible; do not wait until the next scheduled dose. Reset the dose schedule to administer the next sequential dose 6 months after the missed dose is administered. Doses of OCREVUS must be separated by at least 5 months [see *Dosage and Administration* (2.3)].

2.5 Dose Modifications Because of Infusion Reactions

Dose modifications in response to infusion reactions depends on the severity.

Life-threatening Infusion Reactions

Immediately stop and permanently discontinue OCREVUS if there are signs of a life-threatening or disabling infusion reaction [see *Warnings and Precautions* (5.1)]. Provide appropriate supportive treatment.

Severe Infusion Reactions

Immediately interrupt the infusion and administer appropriate supportive treatment, as necessary [see *Warnings and Precautions* (5.1)]. Restart the infusion only after all symptoms have resolved. When restarting, begin at half of the infusion rate at the time of onset of the infusion reaction [see *Dosage and Administration* (2.2)]. If this rate is tolerated, increase the rate as described in Table 1. This change in rate will increase the total duration of the infusion but not the total dose.

Mild to Moderate Infusion Reactions

Reduce the infusion rate to half the rate at the onset of the infusion reaction and maintain the reduced rate for at least 30 minutes [see *Warnings and Precautions* (5.1)]. If this rate is tolerated, increase the rate as described in Table 1. This change in rate will increase the total duration of the infusion but not the total dose.

2.6 Preparation and Storage of the Dilute Solution for Infusion

Preparation

OCREVUS must be prepared by a healthcare professional using aseptic technique.

Visually inspect for particulate matter and discoloration prior to administration. Do not use the solution if discolored or if the solution contains discrete foreign particulate matter. Do not shake.

Withdraw intended dose and further dilute into an infusion bag containing 0.9% Sodium Chloride Injection, to a final drug concentration of approximately 1.2 mg/mL.

- Withdraw 10 mL (300 mg) of OCREVUS and inject into 250 mL
- Withdraw 20 mL (600 mg) of OCREVUS and inject into 500 mL

Do not use other diluents to dilute OCREVUS since their use has not been tested. The product contains no preservative and is intended for single use only.

Storage of Infusion Solution

Prior to the start of the intravenous infusion, the content of the infusion bag should be at room temperature.

Use the prepared infusion solution immediately. If not used immediately, store up to 24 hours in the refrigerator at 2°C–8°C (36°F–46°F) and 8 hours at room temperature up to 25°C (77°F), which includes infusion time. In the event an intravenous infusion cannot be completed the same day, discard the remaining solution.

No incompatibilities between OCREVUS and polyvinyl chloride (PVC) or polyolefin (PO) bags and intravenous (IV) administration sets have been observed.

Administration

Administer the diluted infusion solution through a dedicated line using an infusion set with a 0.2 or 0.22 micron in-line filter.

3 DOSAGE FORMS AND STRENGTHS

Injection: 300 mg/10 mL (30 mg/mL) clear or slightly opalescent, and colorless to pale brown solution in a single-dose vial.

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4 CONTRAINDICATIONS

OCREVUS is contraindicated in patients with:

- Active HBV infection [see *Dosage and Administration* (2.6) and *Warnings and Precautions* (5.2)]
- A history of life-threatening infusion reaction to OCREVUS [see *Warnings and Precautions* (5.1)]

5 WARNINGS AND PRECAUTIONS

5.1 Infusion Reactions

OCREVUS can cause infusion reactions, which can include pruritus, rash, urticaria, erythema, bronchospasm, throat irritation, oropharyngeal pain, dyspnea, pharyngeal or laryngeal edema, flushing, hypotension, pyrexia, fatigue, headache, dizziness, nausea, tachycardia, and anaphylaxis. In multiple sclerosis (MS) clinical trials, the incidence of infusion reactions in OCREVUS-treated patients [who received methylprednisolone (or an equivalent steroid) and possibly other pre-medication to reduce the risk of infusion reactions prior to each infusion] was 34 to 40%, with the highest incidence with the first infusion. There were no fatal infusion reactions, but 0.3% of OCREVUS-treated MS patients experienced infusion reactions that were serious, some requiring hospitalization.

Observe patients treated with OCREVUS for infusion reactions during the infusion and for at least one hour after completion of the infusion. Inform patients that infusion reactions can occur up to 24 hours after the infusion.

Reducing the Risk of Infusion Reactions and Managing Infusion Reactions

Administer pre-medication (e.g., methylprednisolone or an equivalent corticosteroid, and an antihistamine) to reduce the frequency and severity of infusion reactions. The addition of an antipyretic (e.g., acetaminophen) may also be considered [see *Dosage and Administration* (2.3)].

Management recommendations for infusion reactions depend on the type and severity of the reaction [see *Dosage and Administration* (2.5)]. For life-threatening infusion reactions, immediately and permanently stop OCREVUS and administer appropriate supportive treatment. For less severe infusion reactions, management may involve temporarily stopping the infusion, reducing the infusion rate, and/or administering symptomatic treatment.

5.2 Infections

A higher proportion of OCREVUS-treated patients experienced infections compared to patients taking REBIF or placebo. In RMS trials, 58% of OCREVUS-treated patients experienced one or more infections compared to 52% of REBIF-treated patients. In the PPMS trial, 70% of OCREVUS-treated patients experienced one or more infections compared to 68% of patients on placebo. OCREVUS increased the risk for upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes-related infections [see *Adverse Reactions* (6.1)]. OCREVUS was not associated with an increased risk of serious infections in MS patients. Delay OCREVUS administration in patients with an active infection until the infection is resolved.

Respiratory Tract Infections

A higher proportion of OCREVUS-treated patients experienced respiratory tract infections compared to patients taking REBIF or placebo. In RMS trials, 40% of OCREVUS-treated patients experienced upper respiratory tract infections compared to 33% of REBIF-treated patients, and 8% of OCREVUS-treated patients experienced lower respiratory tract infections compared to 5% of REBIF-treated patients. In the PPMS trial, 49% of OCREVUS-treated patients experienced upper respiratory tract infections compared to 43% of patients on placebo and 10% of OCREVUS-treated patients experienced lower respiratory tract infections compared to 9% of patients on placebo. The infections were predominantly mild to moderate and consisted mostly of upper respiratory tract infections and bronchitis.

Herpes

In active-controlled (RMS) clinical trials, herpes infections were reported more frequently in OCREVUS-treated patients than in REBIF-treated patients, including herpes zoster (2.1% vs. 1.0%), herpes simplex (0.7% vs. 0.1%), oral herpes (3.0% vs. 2.2%), genital herpes (0.1% vs. 0%), and herpes virus infection (0.1% vs. 0%). Infections were predominantly mild to moderate in severity. There were no reports of disseminated herpes.

In the placebo-controlled (PPMS) clinical trial, oral herpes was reported more frequently in the OCREVUS-treated patients than in the patients on placebo (2.7% vs 0.8%).

Progressive Multifocal Leukoencephalopathy (PML)

PML is an opportunistic viral infection of the brain caused by the John Cunningham (JC) virus that typically only occurs in patients who are immunocompromised, and that usually leads to death or severe disability. Although no cases of PML were identified in OCREVUS clinical trials, JC virus infection resulting in PML has been observed in patients treated with other anti-CD20 antibodies and other MS therapies and has been associated with some risk factors (e.g., immunocompromised patients, polytherapy with immunosuppressants). At the first sign or symptom suggestive of PML, withhold OCREVUS and perform an appropriate diagnostic evaluation. MRI findings may be apparent before clinical signs or symptoms. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.

Hepatitis B Virus (HBV) Reactivation

There were no reports of hepatitis B reactivation in MS patients treated with OCREVUS. Fulminant hepatitis, hepatic failure, and death caused by HBV reactivation have occurred in patients treated with other anti-CD20 antibodies. Perform HBV screening in all patients before initiation of treatment with OCREVUS. Do not administer OCREVUS to patients with active HBV confirmed by positive results for HBsAg and anti-HB tests. For patients who are negative for surface antigen [HBsAg] and positive for HB core antibody [HBcAb+] or are carriers of HBV [HBsAg+], consult liver disease experts before starting and during treatment.

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Possible Increased Risk of Immunosuppressant Effects with Other Immunosuppressants

When initiating OCREVUS after an immunosuppressive therapy or initiating an immunosuppressive therapy after OCREVUS, consider the potential for increased immunosuppressive effects [see *Drug Interactions* (7.1) and *Clinical Pharmacology* (12.1, 12.2)]. OCREVUS has not been studied in combination with other MS therapies.

Vaccinations

Administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation of OCREVUS for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to initiation of OCREVUS for non-live vaccines.

OCREVUS may interfere with the effectiveness of non-live vaccines [see *Drug Interactions* (7.2)].

The safety of immunization with live or live-attenuated vaccines following OCREVUS therapy has not been studied, and vaccination with live-attenuated or live vaccines is not recommended during treatment and until B-cell repletion [see *Clinical Pharmacology* (12.2)].

Vaccination of Infants Born to Mothers Treated with OCREVUS During Pregnancy

In infants of mothers exposed to OCREVUS during pregnancy, do not administer live or live-attenuated vaccines before confirming the recovery of B-cell counts as measured by CD19⁺ B-cells. Depletion of B-cells in these infants may increase the risks from live or live-attenuated vaccines.

You may administer non-live vaccines, as indicated, prior to recovery from B-cell depletion, but should consider assessing vaccine immune responses, including consultation with a qualified specialist, to assess whether a protective immune response was mounted [see *Use in Specific Populations* (8.1)].

5.3 Malignancies

An increased risk of malignancy with OCREVUS may exist. In controlled trials, malignancies, including breast cancer, occurred more frequently in OCREVUS-treated patients. Breast cancer occurred in 6 of 781 females treated with OCREVUS and none of 668 females treated with REBIF or placebo. Patients should follow standard breast cancer screening guidelines.

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed in greater detail in other sections of the labeling:

- Infusion Reactions [see *Warnings and Precautions* (5.1)]
- Infections [see *Warnings and Precautions* (5.2)]
- Malignancies [see *Warnings and Precautions* (5.3)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reactions rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety of OCREVUS has been evaluated in 1311 patients across MS clinical studies, which included 825 patients in active-controlled clinical trials in patients with relapsing forms of MS (RMS) and 486 patients in a placebo-controlled study in patients with primary progressive MS (PPMS).

Adverse Reactions in Patients with Relapsing Forms of MS

In active-controlled clinical trials (Study 1 and Study 2), 825 patients with RMS received OCREVUS 600 mg intravenously every 24 weeks (initial treatment was given as two separate 300 mg infusions at Weeks 0 and 2) [see *Clinical Studies* (14.1)]. The overall exposure in the 96-week controlled treatment periods was 1448 patient-years.

The most common adverse reactions in RMS trials (incidence $\geq 10\%$) were upper respiratory tract infections and infusion reactions. Table 2 summarizes the adverse reactions that occurred in RMS trials (Study 1 and Study 2).

Table 2 Adverse Reactions in Adult Patients with RMS with an Incidence of at least 5% for OCREVUS and Higher than REBIF

Adverse Reactions	Studies 1 and 2	
	OCREVUS 600 mg IV Every 24 Weeks ¹ (n=825) %	REBIF 44 mcg SQ 3 Times per Week (n=826) %
Upper respiratory tract infections	40	33
Infusion reactions	34	10
Depression	8	7
Lower respiratory tract infections	8	5
Back pain	6	5
Herpes virus-associated infections	6	4
Pain in extremity	5	4

¹The first dose was given as two separate 300 mg infusions at Weeks 0 and 2.

Adverse Reactions in Patients with Primary Progressive MS

In a placebo-controlled clinical trial (Study 3), a total of 486 patients with PPMS received one course of OCREVUS (600 mg of OCREVUS administered as two 300 mg infusions two weeks apart) given intravenously every 24 weeks and 239 patients received placebo intravenously [see *Clinical Studies* (14.2)]. The overall exposure in the controlled treatment period was 1416 patient-years, with median treatment duration of 3 years.

OCREVUS® (ocrelizumab)

The most common adverse reactions in the PPMS trial (incidence $\geq 10\%$) were upper respiratory tract infections, infusion reactions, skin infections, and lower respiratory tract infections. Table 3 summarizes the adverse reactions that occurred in the PPMS trial (Study 3).

Table 3 Adverse Reactions in Adult Patients with PPMS with an Incidence of at least 5% for OCREVUS and Higher than Placebo

Adverse Reactions	Study 3	
	OCREVUS 600 mg IV Every 24 Weeks ¹ (n=486) %	Placebo (n=239) %
Upper respiratory tract infections	49	43
Infusion reactions	40	26
Skin infections	14	11
Lower respiratory tract infections	10	9
Cough	7	3
Diarrhea	6	5
Edema peripheral	6	5
Herpes virus associated infections	5	4

¹One dose of OCREVUS (600 mg administered as two 300 mg infusions two weeks apart)

Laboratory Abnormalities

Decreased Immunoglobulins

OCREVUS decreased total immunoglobulins with the greatest decline seen in IgM levels. In MS clinical trials, there was no apparent association between immunoglobulin decrease and risk for serious infections.

In the active-controlled (RMS) trials (Study 1 and Study 2), the proportion of patients at baseline reporting IgG, IgA, and IgM below the lower limit of normal (LLN) in OCREVUS-treated patients was 0.5%, 1.5%, and 0.1%, respectively. Following treatment, the proportion of OCREVUS-treated patients reporting IgG, IgA, and IgM below the LLN at 96 weeks was 1.5%, 2.4%, and 16.5%, respectively.

In the placebo-controlled (PPMS) trial (Study 3), the proportion of patients at baseline reporting IgG, IgA, and IgM below the LLN in OCREVUS-treated patients was 0.0%, 0.2%, and 0.2%, respectively. Following treatment, the proportion of OCREVUS-treated patients reporting IgG, IgA, and IgM below the LLN at 120 weeks was 1.1%, 0.5%, and 15.5%, respectively.

Decreased Neutrophil Levels

In the PPMS clinical trial (Study 3), decreased neutrophil counts occurred in 13% of OCREVUS-treated patients compared to 10% in placebo patients. The majority of the decreased neutrophil counts were only observed once for a given patient treated with OCREVUS and were between LLN - 1.5 x 10⁹/L and 1.0 x 10⁹/L. Overall, 1% of the patients in the OCREVUS group had neutrophil counts less than 1.0 x 10⁹/L and these were not associated with an infection.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. Immunogenicity data are highly dependent on the sensitivity and specificity of the test methods used. Additionally, the observed incidence of a positive result in a test method may be influenced by several factors, including sample handling, timing of sample collection, drug interference, concomitant medication, and the underlying disease. Therefore, comparison of the incidence of antibodies to OCREVUS with the incidence of antibodies to other products may be misleading.

Patients in MS trials (Study 1, Study 2, and Study 3) were tested at multiple time points (baseline and every 6 months post-treatment for the duration of the trial) for anti-drug antibodies (ADAs). Out of 1311 patients treated with OCREVUS, 12 (~1%) tested positive for ADAs, of which 2 patients tested positive for neutralizing antibodies. These data are not adequate to assess the impact of ADAs on the safety and efficacy of OCREVUS.

7 DRUG INTERACTIONS

7.1 Immunosuppressive or Immune-Modulating Therapies

The concomitant use of OCREVUS and other immune-modulating or immunosuppressive therapies, including immunosuppressant doses of corticosteroids, is expected to increase the risk of immunosuppression. Consider the risk of additive immune system effects when coadministering immunosuppressive therapies with OCREVUS. When switching from drugs with prolonged immune effects, such as daclizumab, fingolimod, natalizumab, teriflunomide, or mitoxantrone, consider the duration and mode of action of these drugs because of additive immunosuppressive effects when initiating OCREVUS [see *Warnings and Precautions* (5.2)].

7.2 Vaccinations

A Phase 3b randomized, open-label study examined the concomitant use of OCREVUS and several non-live vaccines in adults 18-55 years of age with relapsing forms of MS (68 subjects undergoing treatment with OCREVUS at the time of vaccination and 34 subjects not undergoing treatment with OCREVUS at the time of vaccination). Concomitant exposure to OCREVUS attenuated antibody responses to tetanus toxoid-containing vaccine, pneumococcal polysaccharide, pneumococcal conjugate vaccines, and seasonal inactivated influenza vaccines. The impact of the observed attenuation on vaccine effectiveness in this patient population is unknown. The safety and

OCREVUS® (ocrelizumab)

effectiveness of live or live-attenuated vaccines administered concomitantly with OCREVUS have not been assessed [see *Warnings and Precautions* (5.2)].

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

OCREVUS is a humanized monoclonal antibody of an immunoglobulin G1 subtype and immunoglobulins are known to cross the placental barrier. There are no adequate data on the developmental risk associated with use of OCREVUS in pregnant women. However, transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other anti-CD20 antibodies during pregnancy. B-cell levels in infants following maternal exposure to OCREVUS have not been studied in clinical trials. The potential duration of B-cell depletion in such infants, and the impact of B-cell depletion on vaccine safety and effectiveness, is unknown [see *Warnings and Precautions* (5.2)].

Following administration of ocrelizumab to pregnant monkeys at doses similar to or greater than those used clinically, increased perinatal mortality, depletion of B-cell populations, renal, bone marrow, and testicular toxicity were observed in the offspring in the absence of maternal toxicity [see *Data*].

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. The background risk of major birth defects and miscarriage for the indicated population is unknown.

Data

Animal Data

Following intravenous administration of OCREVUS to monkeys during organogenesis (loading doses of 15 or 75 mg/kg on gestation days 20, 21, and 22, followed by weekly doses of 20 or 100 mg/kg), depletion of B-lymphocytes in lymphoid tissue (spleen and lymph nodes) was observed in fetuses at both doses.

Intravenous administration of OCREVUS (three daily loading doses of 15 or 75 mg/kg, followed by weekly doses of 20 or 100 mg/kg) to pregnant monkeys throughout the period of organogenesis and continuing through the neonatal period resulted in perinatal deaths (some associated with bacterial infections), renal toxicity (glomerulopathy and inflammation), lymphoid follicle formation in the bone marrow, and severe decreases in circulating B-lymphocytes in neonates. The cause of the neonatal deaths is uncertain; however, both affected neonates were found to have bacterial infections. Reduced testicular weight was observed in neonates at the high dose.

A no-effect dose for adverse developmental effects was not identified; the doses tested in monkey are 2 and 10 times the recommended human dose of 600 mg, on a mg/kg basis.

8.2 Lactation

Risk Summary

There are no data on the presence of ocrelizumab in human milk, the effects on the breastfed infant, or the effects of the drug on milk production. Ocrelizumab was excreted in the milk of ocrelizumab-treated monkeys. Human IgG is excreted in human milk, and the potential for absorption of ocrelizumab to lead to B-cell depletion in the infant is unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for OCREVUS and any potential adverse effects on the breastfed infant from OCREVUS or from the underlying maternal condition.

8.3 Females and Males of Reproductive Potential

Contraception

Women of childbearing potential should use contraception while receiving OCREVUS and for 6 months after the last infusion of OCREVUS [see *Clinical Pharmacology* (12.3)].

8.4 Pediatric Use

Safety and effectiveness of OCREVUS in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of OCREVUS did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

11 DESCRIPTION

Ocrelizumab is a recombinant humanized monoclonal antibody directed against CD20-expressing B-cells. Ocrelizumab is a glycosylated immunoglobulin G1 (IgG1) with a molecular mass of approximately 145 kDa.

OCREVUS (ocrelizumab) Injection for intravenous infusion is a preservative-free, sterile, clear or slightly opalescent, and colorless to pale brown solution supplied in single-dose vials. Each mL of solution contains 30 mg ocrelizumab, glacial acetic acid (0.25 mg), polysorbate 20 (0.2 mg), sodium acetate trihydrate (2.14 mg), and trehalose dihydrate (40 mg) at pH 5.3.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The precise mechanism by which ocrelizumab exerts its therapeutic effects in multiple sclerosis is unknown, but is presumed to involve binding to CD20, a cell surface antigen present on pre-B and mature B lymphocytes. Following cell surface binding to B lymphocytes, ocrelizumab results in antibody-dependent cellular cytotoxicity and complement-mediated lysis.

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12.2 Pharmacodynamics

For B-cell counts, assays for CD19⁺ B-cells are used because the presence of OCREVUS interferes with the CD20 assay. Treatment with OCREVUS reduces CD19⁺ B-cell counts in blood by 14 days after infusion. In clinical studies, B-cell counts rose to above the lower limit of normal (LLN) or above baseline counts between infusions of OCREVUS at least one time in 0.3% to 4.1% of patients. In a clinical study of 51 patients, the median time for B-cell counts to return to either baseline or LLN was 72 weeks (range 27-175 weeks) after the last OCREVUS infusion. Within 2.5 years after the last infusion, B-cell counts rose to either baseline or LLN in 90% of patients.

12.3 Pharmacokinetics

Pharmacokinetics (PK) of OCREVUS in MS clinical studies fit a two compartment model with time-dependent clearance. The overall exposure at the steady-state (AUC over the 24 week dosing intervals) of OCREVUS was 3,510 mcg/mL per day. In clinical studies in MS patients, maintenance doses of ocrelizumab were either 600 mg every 6 months (RMS patients) or two 300 mg infusions separated by 14 days every 6 months (PPMS patients). The mean maximum concentration was 212 mcg/mL in patients with RMS (600 mg infusion) and 141 mcg/mL in patients with PPMS (two 300 mg infusions administered within two weeks). The pharmacokinetics of ocrelizumab was essentially linear and dose proportional between 400 mg and 2000 mg.

Distribution

The population PK estimate of the central volume of distribution was 2.78 L. Peripheral volume and inter-compartment clearance were estimated at 2.68 L and 0.29 L/day, respectively.

Elimination

Constant clearance was estimated at 0.17 L/day, and initial time-dependent clearance at 0.05 L/day, which declined with a half-life of 33 weeks. The terminal elimination half-life was 26 days.

Metabolism

The metabolism of OCREVUS has not been directly studied because antibodies are cleared principally by catabolism.

Specific Populations

Renal impairment

Patients with mild renal impairment were included in clinical trials. No significant change in the pharmacokinetics of OCREVUS was observed in those patients.

Hepatic impairment

Patients with mild hepatic impairment were included in clinical trials. No significant change in the pharmacokinetics of OCREVUS was observed in those patients.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

No carcinogenicity studies have been performed to assess the carcinogenic potential of OCREVUS.

No studies have been performed to assess the mutagenic potential of OCREVUS. As an antibody, OCREVUS is not expected to interact directly with DNA.

No effects on reproductive organs were observed in male monkeys administered ocrelizumab by intravenous injection (three loading doses of 15 or 75 mg/kg, followed by weekly doses of 20 or 100 mg/kg) for 8 weeks. There were also no effects on estrus cycle in female monkeys administered ocrelizumab over three menstrual cycles using the same dosing regimen. The doses tested in monkey are 2 and 10 times the recommended human dose of 600 mg, on a mg/kg basis.

14 CLINICAL STUDIES

14.1 Relapsing Forms of Multiple Sclerosis (RMS)

The efficacy of OCREVUS was demonstrated in two randomized, double-blind, double-dummy, active comparator-controlled clinical trials of identical design, in patients with RMS treated for 96 weeks (Study 1 and Study 2). The dose of OCREVUS was 600 mg every 24 weeks (initial treatment was given as two 300 mg IV infusions administered 2 weeks apart, and subsequent doses were administered as a single 600 mg IV infusion) and placebo subcutaneous injections were given 3 times per week. The dose of REBIF, the active comparator, was 44 mcg given as subcutaneous injections 3 times per week and placebo IV infusions were given every 24 weeks. Both studies included patients who had experienced at least one relapse within the prior year, or two relapses within the prior two years, and had an Expanded Disability Status Scale (EDSS) score from 0 to 5.5. Patients with primary progressive forms of multiple sclerosis (MS) were excluded. Neurological evaluations were performed every 12 weeks and at the time of a suspected relapse. Brain MRIs were performed at baseline and at Weeks 24, 48, and 96.

The primary outcome of both Study 1 and Study 2 was the annualized relapse rate (ARR). Additional outcome measures included the proportion of patients with confirmed disability progression, the mean number of MRI T1 gadolinium (Gd)-enhancing lesions at Weeks 24, 48, and 96, and new or enlarging MRI T2 hyperintense lesions. Progression of disability was defined as an increase of 1 point or more from the baseline EDSS score attributable to MS when the baseline EDSS score was 5.5 or less, or 0.5 points or more when the baseline EDSS score was above 5.5. Disability progression was considered confirmed when the increase in the EDSS was confirmed at a regularly scheduled visit 12 weeks after the initial documentation of neurological worsening. The primary population for analysis of confirmed disability progression was the pooled population from Studies 1 and 2.

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In Study 1, 410 patients were randomized to OCREVUS and 411 to REBIF; 11% of OCREVUS-treated and 17% of REBIF-treated patients did not complete the 96-week double-blind treatment period. The baseline demographic and disease characteristics were balanced between the two treatment groups. At baseline, the mean age of patients was 37 years; 66% were female. The mean time from MS diagnosis to randomization was 3.8 years, the mean number of relapses in the previous year was 1.3, and the mean EDSS score was 2.8; 74% of patients had not been treated with a non-steroid therapy for MS in the 2 years prior to the study. At baseline, 40% of patients had one or more T1 Gd-enhancing lesions (mean 1.8).

In Study 2, 417 patients were randomized to OCREVUS and 418 to REBIF; 14% of OCREVUS-treated and 23% of REBIF-treated patients did not complete the 96-week double-blind treatment period. The baseline demographic and disease characteristics were balanced between the two treatment groups. At baseline, the mean age of patients was 37 years; 66% were female. The mean time from MS diagnosis to randomization was 4.1 years, the mean number of relapses in the previous year was 1.3, and the mean EDSS score was 2.8; 74% of patients had not been treated with a non-steroid therapy for MS in the 2 years prior to the study. At baseline, 40% of OCREVUS-treated patients had one or more T1 Gd-enhancing lesions (mean 1.9).

In Study 1 and Study 2, OCREVUS significantly lowered the annualized relapse rate and the proportion of patients with disability progression confirmed at 12 weeks after onset compared to REBIF. Results for Study 1 and Study 2 are presented in Table 4 and Figure 1.

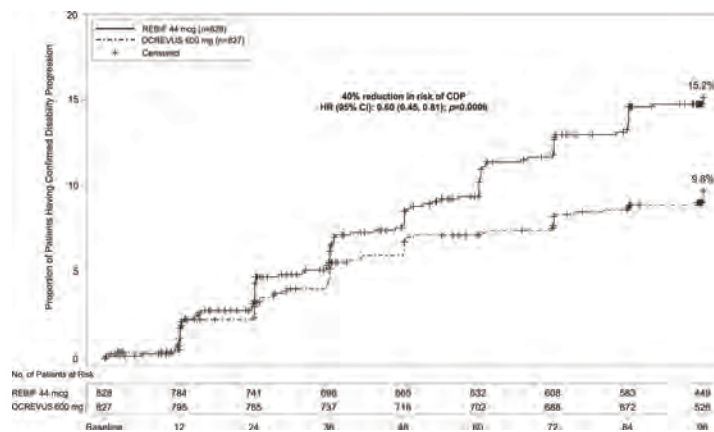
Table 4 Key Clinical and MRI Endpoints in RMS Patients from Study 1 and Study 2

Endpoints	Study 1		Study 2	
	OCREVUS 600 mg every 24 weeks N=410	REBIF 44 mcg three times a week N=411	OCREVUS 600 mg every 24 weeks N=417	REBIF 44 mcg three times a week N=418
Clinical Endpoints				
Annualized Relapse Rate (Primary Endpoint)	0.156	0.292	0.155	0.290
Relative Reduction	46% (p<0.0001)		47% (p<0.0001)	
Proportion Relapse-free	83%	71%	82%	72%
Proportion of Patients with 12-week Confirmed Disability Progression ¹	9.8% OCREVUS vs 15.2% REBIF			
Risk Reduction (Pooled Analysis ²)	40%; p=0.0006			
MRI Endpoints				
Mean number of T1 Gd-enhancing lesions per MRI	0.016	0.286	0.021	0.416
Relative Reduction	94% (p<0.0001)		95% (p<0.0001)	
Mean number of new and/or enlarging T2 hyperintense lesions per MRI	0.323	1.413	0.325	1.904
Relative Reduction	77% (p<0.0001)		83% (p<0.0001)	

¹ Defined as an increase of 1.0 point or more from the baseline Expanded Disability Status Scale (EDSS) score for patients with baseline score of 5.5 or less, or 0.5 or more when the baseline score is greater than 5.5, Kaplan-Meier estimates at Week 96.

² Data prospectively pooled from Study 1 and Study 2.

Figure 1 Kaplan-Meier Plot* of Time to Onset of Confirmed Disability Progression Sustained for at Least 12 Weeks with the Initial Event of Neurological Worsening Occurring During the Double-blind Treatment Period in Pooled Studies 1 and 2 in Patients with RMS (Pooled ITT Population)



*Pre-specified pooled analysis of Study 1 and 2

In exploratory subgroup analyses of Study 1 and Study 2, the effect of OCREVUS on annualized relapse rate and disability progression was similar in male and female patients.

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14.2 Primary Progressive Multiple Sclerosis (PPMS)

Study 3 was a randomized, double-blind, placebo-controlled clinical trial in patients with PPMS. Patients were randomized 2:1 to receive either OCREVUS 600 mg or placebo as two 300 mg intravenous infusions 2 weeks apart every 24 weeks for at least 120 weeks. Selection criteria required a baseline EDSS of 3 to 6.5 and a score of 2 or greater for the EDSS pyramidal functional system due to lower extremity findings. Neurological assessments were conducted every 12 weeks. An MRI scan was obtained at baseline and at Weeks 24, 48, and 120.

In Study 3, the primary outcome was the time to onset of disability progression attributable to MS confirmed to be present at the next neurological assessment at least 12 weeks later. Disability progression occurred when the EDSS score increased by 1 point or more from the baseline EDSS if the baseline EDSS was 5.5 points or less, or by 0.5 points or more if the baseline EDSS was more than 5.5 points. In Study 3, confirmed disability progression also was deemed to have occurred if patients who had onset of disability progression discontinued participation in the study before the next assessment. Additional outcome measures included timed 25-foot walk, and percentage change in T2 hyperintense lesion volume.

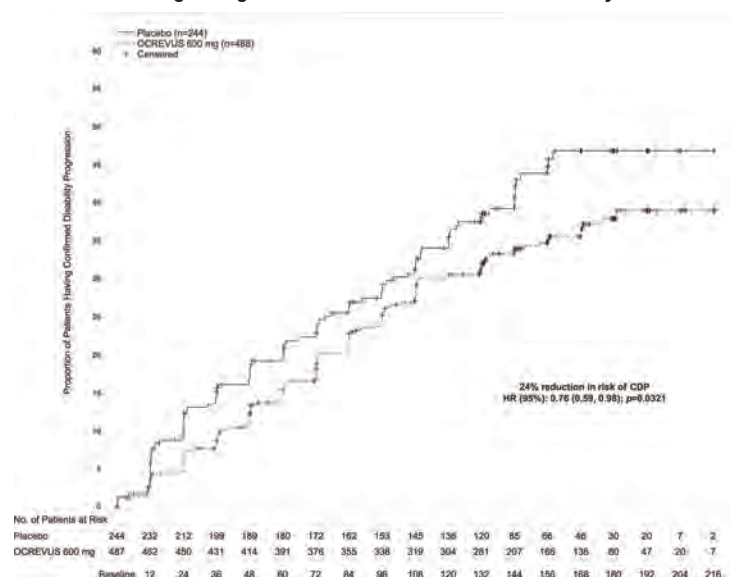
Study 3 randomized 488 patients to OCREVUS and 244 to placebo; 21% of OCREVUS-treated patients and 34% of placebo-treated patients did not complete the trial. The baseline demographic and disease characteristics were balanced between the two treatment groups. At baseline, the mean age of patients was 45; 49% were female. The mean time since symptom onset was 6.7 years, the mean EDSS score was 4.7, and 26% had one or more T1 Gd-enhancing lesions at baseline; 88% of patients had not been treated previously with a non-steroid treatment for MS. The time to onset of disability progression confirmed at 12 weeks after onset was significantly longer for OCREVUS-treated patients than for placebo-treated patients (see Figure 2). Results for Study 3 are presented in Table 5 and Figure 2.

Table 5 Key Clinical and MRI Endpoints in PPMS patients for Study 3

Endpoints	Study 3	
	OCREVUS 600 mg (two 300 mg infusions two weeks apart every 24 weeks) N=488	Placebo N=244
Clinical Outcomes		
Proportion of patients with 12-week Confirmed Disability Progression ¹	32.9%	39.3%
Risk reduction	24%; p=0.0321	
MRI Endpoints		
Mean change in volume of T2 lesions, from baseline to Week 120 (cm ³)	-0.39	0.79
	p<0.0001	

¹ Defined as an increase of 1.0 point or more from the baseline EDSS score for patients with baseline score of 5.5 or less, or an increase of 0.5 or more when the baseline score is more than 5.5

Figure 2 Kaplan-Meier Plot of Time to Onset of Confirmed Disability Progression Sustained for at Least 12 Weeks with the Initial Event of Neurological Worsening Occurring During the Double-blind Treatment Period in Study 3*



*All patients in this analysis had a minimum of 120 weeks of follow-up. The primary analysis is based on all disability progression events accrued including 21 without confirmatory EDSS at 12 weeks.

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In the overall population in Study 3, the proportion of patients with 20 percent worsening of the timed 25-foot walk confirmed at 12 weeks was 49% in OCREVUS-treated patients compared to 59% in placebo-treated patients (25% risk reduction).

In exploratory subgroup analyses of Study 3, the proportion of female patients with disability progression confirmed at 12 weeks after onset was similar in OCREVUS-treated patients and placebo-treated patients (approximately 36% in each group). In male patients, the proportion of patients with disability progression confirmed at 12 weeks after onset was approximately 30% in OCREVUS-treated patients and 43% in placebo-treated patients. Clinical and MRI endpoints that generally favored OCREVUS numerically in the overall population, and that showed similar trends in both male and female patients, included annualized relapse rate, change in T2 lesion volume, and number of new or enlarging T2 lesions.

16 HOW SUPPLIED/STORAGE AND HANDLING

OCREVUS (ocrelizumab) injection is a preservative-free, sterile, clear or slightly opalescent, and colorless to pale brown solution supplied as a carton containing one 300 mg/10 mL (30 mg/mL) single-dose vial (NDC 50242-150-01).

Store OCREVUS vials at 2°C–8°C (36°F–46°F) in the outer carton to protect from light. Do not freeze or shake.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Infusion Reactions

Inform patients about the signs and symptoms of infusion reactions, and that infusion reactions can occur up to 24 hours after infusion. Advise patients to contact their healthcare provider immediately for signs or symptoms of infusion reactions [see *Warnings and Precautions* (5.1)].

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Infection

Advise patients to contact their healthcare provider for any signs of infection during treatment or after the last dose [see *Clinical Pharmacology* (12.2)]. Signs include fever, chills, constant cough, or signs of herpes such as cold sore, shingles, or genital sores [see *Warnings and Precautions* (5.2)].

Advise patients that PML has happened with drugs that are similar to OCREVUS and may happen with OCREVUS. Inform the patient that PML is characterized by a progression of deficits and usually leads to death or severe disability over weeks or months. Instruct the patient of the importance of contacting their doctor if they develop any symptoms suggestive of PML. Inform the patient that typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes [see *Warnings and Precautions* (5.2)].

Advise patients that OCREVUS may cause reactivation of hepatitis B infection and that monitoring will be required if they are at risk [see *Warnings and Precautions* (5.2)].

Vaccination

Advise patients to complete any required live or live-attenuated vaccinations at least 4 weeks and, whenever possible, non-live vaccinations at least 2 weeks prior to initiation of OCREVUS. Administration of live-attenuated or live vaccines is not recommended during OCREVUS treatment and until B-cell recovery [see *Warnings and Precautions* (5.2)].

Malignancies

Advise patients that an increased risk of malignancy, including breast cancer, may exist with OCREVUS. Advise patients that they should follow standard breast cancer screening guidelines [see *Warnings and Precautions* (5.3)].

Pregnancy

Instruct patients that if they are pregnant or plan to become pregnant while taking OCREVUS they should inform their healthcare provider [see *Pregnancy* (8.1)].

OCREVUS® [ocrelizumab]

Manufactured by:

Genentech, Inc.

A Member of the Roche Group

1 DNA Way

South San Francisco, CA 94080-4990

U.S. License No. 1048

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MEDICATION GUIDE

OCREVUS® (oak-rev-us)

(ocrelizumab)

injection, for intravenous use

What is the most important information I should know about OCREVUS?

OCREVUS can cause serious side effects, including:

- **Infusion reactions:** OCREVUS can cause infusion reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion reaction. Tell your healthcare provider or nurse if you get any of these symptoms:
 - itchy skin
 - rash
 - hives
 - tiredness
 - coughing or wheezing
 - trouble breathing
 - throat irritation or pain
 - feeling faint
 - fever
 - redness on your face (flushing)
 - nausea
 - headache
 - swelling of the throat
 - dizziness
 - shortness of breath
 - fatigue
 - fast heart beat

These infusion reactions can happen for up to 24 hours after your infusion. It is important that you call your healthcare provider right away if you get any of the signs or symptoms listed above after each infusion.

If you get infusion reactions, your healthcare provider may need to stop or slow down the rate of your infusion.

• **Infection:**

- OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.
- **Progressive Multifocal Leukoencephalopathy (PML):** Although no cases have been seen with OCREVUS treatment in clinical trials, PML may happen with OCREVUS. PML is a rare brain infection that usually leads to death or severe disability. Tell your healthcare provider right away if you have any new or worsening neurologic signs or symptoms. These may include problems with thinking, balance, eyesight, weakness on 1 side of your body, strength, or using your arms or legs.

- **Hepatitis B virus (HBV) reactivation:** Before starting treatment with OCREVUS, your healthcare provider will do blood tests to check for hepatitis B viral infection. If you have ever had hepatitis B virus infection, the hepatitis B virus may become active again during or after treatment with OCREVUS. Hepatitis B virus becoming active again (called reactivation) may cause serious liver problems including liver failure or death. Your healthcare provider will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop receiving OCREVUS.
- **Weakened immune system:** OCREVUS taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

What is OCREVUS?

OCREVUS is a prescription medicine used to treat:

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
- Primary progressive MS, in adults.

It is not known if OCREVUS is safe or effective in children.

Who should not receive OCREVUS?

- **Do not** receive OCREVUS if you have an active hepatitis B virus (HBV) infection.
- **Do not** receive OCREVUS if you have had a life threatening allergic reaction to OCREVUS. Tell your healthcare provider if you have had an allergic reaction to OCREVUS or any of its ingredients in the past. See **“What are the ingredients in OCREVUS?”** for a complete list of ingredients in OCREVUS.

Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:

- have or think you have an infection. See **“What is the most important information I should know about OCREVUS?”**
- have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS. These medicines could increase your risk of getting an infection.
- have ever had hepatitis B or are a carrier of the hepatitis B virus.
- have had a recent vaccination or are scheduled to receive any vaccinations.
 - **You should receive any required ‘live’ or ‘live-attenuated’ vaccines at least 4 weeks before you start treatment with OCREVUS.** You should not receive ‘live’ or ‘live-attenuated’ vaccines while you are being treated with OCREVUS and until your healthcare provider tells you that your immune system is no longer weakened.
 - **When possible, you should receive any ‘non-live’ vaccines at least 2 weeks before you start treatment with OCREVUS.** If you would like to receive any non-live (inactivated) vaccines, including the seasonal flu vaccine, while you are being treated with OCREVUS, talk to your healthcare provider.
 - If you are pregnant or planning to become pregnant talk to your doctor about vaccinations for your baby, as some precautions may be needed.
- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if OCREVUS will harm your unborn baby. You should use birth control (contraception) during treatment with OCREVUS and for 6 months after your last infusion of OCREVUS.
- are breastfeeding or plan to breastfeed. It is not known if OCREVUS passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take OCREVUS.

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Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive OCREVUS?

- OCREVUS is given through a needle placed in your vein (intravenous infusion) in your arm.
- Before treatment with OCREVUS, your healthcare provider will give you a corticosteroid medicine and an antihistamine to help reduce infusion reactions (make them less frequent and less severe). You may also receive other medicines to help reduce infusion reactions. See **“What is the most important information I should know about OCREVUS?”**
- Your first full dose of OCREVUS will be given as 2 separate infusions, 2 weeks apart. Each infusion will last about 2 hours and 30 minutes.
- Your next doses of OCREVUS will be given as one infusion every 6 months. These infusions will last about 3 hours and 30 minutes.

What are the possible side effects of OCREVUS?

OCREVUS may cause serious side effects, including:

- See **“What is the most important information I should know about OCREVUS?”**
- **Risk of cancers (malignancies) including breast cancer.** Follow your healthcare provider’s instructions about standard screening guidelines for breast cancer.

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Most common side effects include infusion reactions and infections. See **“What is the most important information I should know about OCREVUS?”**

These are not all the possible side effects of OCREVUS.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of OCREVUS.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use OCREVUS for a condition for which it was not prescribed. Do not give OCREVUS to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about OCREVUS that is written for health professionals.

What are the ingredients in OCREVUS?

Active ingredient: ocrelizumab

Inactive ingredients: glacial acetic acid, polysorbate 20, sodium acetate trihydrate, trehalose dihydrate.

Manufactured by:
Genentech, Inc.
A Member of the Roche Group
1 DNA Way
South San Francisco, CA 94080-4990
U.S. License No. 1048

For more information, go to www.OCREVUS.com or call 1-844-627-3887.
This Medication Guide has been approved by the U.S. Food and Drug Administration

M-US-00002235(v1.0)

Revised: 07/2019

