Treatment Patterns of Ocrelizumab Subcutaneous: An Early Look Into Utilization in a Medicare Population With Multiple Sclerosis

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OBJECTIVE

To characterize early real-world utilization of OCR SC among Medicare FFS beneficiaries with MS, including patient and provider characteristics, prior treatment patterns and site-of-care trends during the first year following FDA approval.

KEY TAKEAWAYS

Early adoption of OCR SC was observed among Medicare FFS patients with predominantly low to moderate MS severity, including first-line and treatment-naive patients and those switching from prior DMTs, most often from OCR IV.

OCR SC use was primarily neurologist-led across both physician office and hospital outpatient settings, aligning with specialized MS care delivery in real-world practice and highlighting the convenience and potential for site-of-care flexibility with OCR SC for Medicare beneficiaries.

DMT19

https://go.roche.link/hzbpdx1

BACKGROUND

- Subcutaneous ocrelizumab and hyaluronidase-ocsq (OCR SC)[a] received FDA approval in September 2024 for relapsing forms of multiple sclerosis (MS) and primary progressive MS, offering twice-yearly administration delivered as a ≈10-minute subcutaneous injection[1]
- Compared with the intravenous formulation, OCR SC may reduce infusion burden and potentially expand treatment flexibility and site-of-care options for patients and providers
- To date, limited real-world evidence exists on how OCR SC is being adopted in routine clinical practice, particularly among Medicare Fee-for-Service (FFS) beneficiaries
- Early evaluation of utilization patterns can provide insight into how this therapy is integrated into treatment pathways for MS

[a]OCR SC is coformulated with Halozyme's ENHANZE® rHuPH20, a recombinant human hyaluronidase that facilitates subcutaneous injection.

METHODS

Study Design and Population

- This was a retrospective observational cohort study using Medicare FFS administrative claims data, including Parts A, B and D, linked to the Master Beneficiary Summary File for demographic and enrollment information
  - The study period was from September 2024 (FDA approval of OCR SC) through October 2025
- Adults (aged ≥18 years) with ≥1 medical or pharmacy claim for OCR SC and a diagnosis of MS within 12 months before or any time after OCR SC initiation (defined as the index date) were included
  - Eligible patients had to have continuous enrollment in Medicare Parts A, B and D for ≥12 months prior to the index date, and no clinical trial participation

Variables and Outcomes

- Patient characteristics and MS disease severity were evaluated during a 12-month pre-index period
  - MS severity was classified using a validated claims-based algorithm to categorize patients into low (0-4 points), moderate (5-10 points) or high (≥11 points) risk groups based on MS-related symptoms[1-3]
  - Prior disease-modifying therapy (DMT) use and adherence (≥80% PDC), relapse history and comorbidities were also evaluated during the pre-index period
- Provider specialty, practice setting and treatment location (eg, hospital outpatient, physician office) were assessed at the index date and during the study period

Statistical Analysis

- All analyses were descriptive; categorical variables were summarized using frequencies and percentages, and continuous variables were summarized using means, medians, SDs and interquartile ranges, as appropriate

RESULTS

A Total of 179 Medicare FFS Patients Initiating OCR SC Were Eligible and Included

Unique beneficiaries with ≥1 medical or pharmacy claim for OCR SC, Sep 2024-Oct 2025
N=323

→ **Age ≥18 years at index with an MS diagnosis during the study period and no clinical trial participation during the pre-index period**
n=263 (81%)

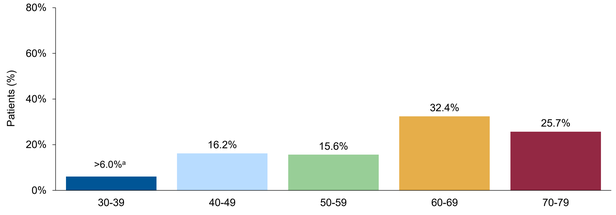
→ **Continuous enrollment for ≥12 months in Medicare Parts A, B, D prior to the index date**
n=179 (68%)

Patients Had Low Comorbidity Burden With Limited Relapses Before Starting OCR SC

Baseline characteristics of patients receiving OCR SC	Patients (N=179)
Age, mean (SD), years	60 (12.6)
Female, n (%)	121 (68)
Race or ethnicity, n (%)	
White	139 (78)
Black or African American	20 (11)
Hispanic	[a]
Other or unknown	>11 (>6)
US region, n (%)	
Northeast	26 (15)
South	70 (39)
West	57 (32)
Midwest	26 (15)
Urbanicity, n (%)	
Rural, non-metropolitan	44 (25%)
Urban, metropolitan	135 (75%)
Medicare eligibility reason, n (%)	
Age	95 (53)
Disability	84 (47)
Charlson Comorbidity Index score, n (%)	
0	120 (67)
1 or 2	>48 (>27)
3 or 4	[a]
>4	0
MS relapse, pre-index, n (%)	32 (18)

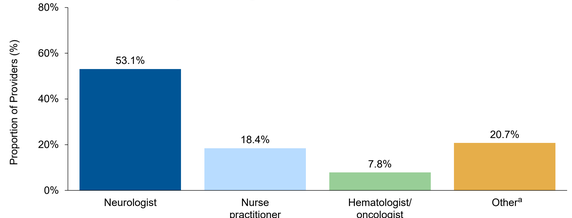
Proportions may not sum to 100% due to rounding.
[a]Values are omitted or consolidated to comply with the Centers for Medicare & Medicaid Services Cell Size Suppression Policy.[5]

Baseline Age Distribution of Patients Receiving OCR SC



[a]Value is omitted to comply with the Centers for Medicare & Medicaid Services Cell Size Suppression Policy.[5]

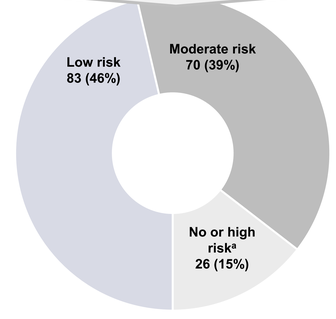
OCR SC Was Administered Primarily by Neurologists and Nurse Practitioners



[a]Comprises 26 specialties.

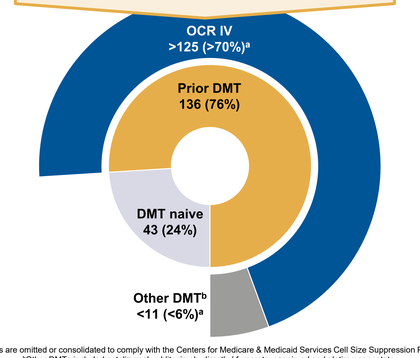
The Majority of Patients Had Low to Moderate Disease Severity (85%)

The mean total MS Severity Score was 4.6 (SD, 2.3), suggesting OCR SC initiation in less severe disease



Most Patients Initiating OCR SC Had Prior DMT Use, and Most Switched From OCR IV

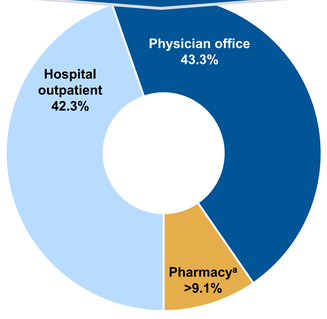
76% of patients receiving OCR SC had prior DMT, which was OCR IV for >70% of these patients



[a]Values are omitted or consolidated to comply with the Centers for Medicare & Medicaid Services Cell Size Suppression Policy.[5]
[b]Other DMTs included natalizumab, ublituximab, dimethyl fumarate, ozanimod and glatiramer acetate.

All Index and Post-Index Claims for OCR SC Through the Study Period by Site of Care

15.6% of patients received same-day Medicare Evaluation & Management visits with OCR SC



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5. Research Data Assistance Center. CMS cell size suppression policy. Accessed April 2, 2026. https://resdac.org/articles/cms-cell-size-suppression-policy.

ABBREVIATIONS

DMT, disease-modifying therapy; **FDA,** Food and Drug Administration; **FFS,** Fee-for-Service; **IV,** intravenous; **MS,** multiple sclerosis; **OCR,** ocrelizumab; **PDC,** proportion of days covered; **SC,** subcutaneous.

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DISCLOSURES

E.D. Pineda and **I. Abioye** are employees of Genentech, Inc., and shareholders of F. Hoffmann-La Roche Ltd.
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