To the Prescription Drug Affordability Board,

I am a specialist in multiple sclerosis at the Providence Neuroscience Institute, and I am writing in strong support of maintaining access to Ocrevus (ocrelizumab) for patients living with multiple sclerosis (MS).

Since its FDA approval in 2017, Ocrevus has fundamentally changed the treatment landscape for MS. It was the first therapy approved for primary progressive multiple sclerosis (PPMS), a devastating form of the disease for which there had previously been no approved treatment options. It is also one of the most effective therapies available for relapsing forms of MS, reducing relapses, slowing disability progression, and decreasing inflammatory disease activity seen on MRI. For many patients, Ocrevus has enabled them to remain employed, independent, and engaged with their families and communities.

Ocrevus has become a cornerstone of MS care because of its proven efficacy, convenient dosing schedule, and extensive long-term safety and effectiveness data. The medication is administered only twice yearly after the initial treatment cycle, which can reduce treatment burden for patients while supporting adherence to therapy. For many individuals, particularly those with highly active disease or progressive MS, Ocrevus remains the most appropriate treatment choice based on their clinical characteristics and treatment history.

Restricting access to Ocrevus could have significant consequences for patients. Multiple sclerosis is a chronic, progressive neurologic disease in which delays in treatment or forced transitions between therapies can result in irreversible disability. Once neurological function is lost, it often cannot be regained. Ensuring access to highly effective therapies early in the disease course is critical to preserving long-term function and quality of life.

While additional MS therapies are available, treatment decisions are highly individualized and based on factors such as disease subtype, disease severity, comorbidities, family planning considerations, prior treatment response, and patient preference. Ocrevus occupies a unique and essential role in the treatment of both relapsing MS and PPMS, and many patients have achieved long-term disease stability with this therapy.

In summary, Ocrevus remains a vital treatment for thousands of individuals living with multiple sclerosis. Its demonstrated efficacy, well-established safety profile, and unique role in the treatment of progressive and relapsing disease make it an indispensable option for patients and clinicians. Preserving access to Ocrevus is essential to ensuring that Oregonians with MS continue to receive the highest standard of care.

Kind Regards,

Kyle Smoot, MD

Portland, Oregon