Monday 4th August 2025

Ocrevus® (ocrelizumab) 300 mg/10mL concentrate for infusion (TT50-10027)
Ocrevus® SC (ocrelizumab) 920mg/23mL solution for injection (TT50-10027a)

Liver Injury (without findings of viral hepatitis) with Ocrevus

Dear Healthcare Professional,

Roche Products (New Zealand) Ltd, in agreement with Medsafe, would like to inform you of the following:

Summary

A recent review of data identified a case series presenting a pattern of clinically significant liver injury without findings of viral hepatitis, associated with the start of ocrelizumab treatment.

The purpose of this Dear Healthcare Professional Letter is to inform you that:

- Clinically significant liver injury without findings of viral hepatitis has been classified as an identified risk for ocrelizumab.
- Liver function tests should be obtained prior to initiating treatment with ocrelizumab and performed promptly in patients who report symptoms of liver injury during treatment.
- Liver functional tests should include, at a minimum, serum aminotransferases, alkaline phosphatase, and bilirubin levels. These tests should be performed promptly in patients who report symptoms that may indicate liver injury.
- If liver injury is present, ocrelizumab should be discontinued. If an alternative etiology is identified, treatment with ocrelizumab can be resumed only when the event has fully resolved.

Background on the safety concern

Ocrevus is indicated for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS) to suppress relapses and disease progression (clinical and subclinical disease activity). Ocrevus is indicated for the treatment of adult patients with primary progressive multiple sclerosis (PPMS) to delay disease progression and reduce deterioration in walking speed. Ocrevus is registered as a 300 mg/10mL solution concentrate for intravenous infusion (Ocrevus IV) and as a 920mg/23mL solution for subcutaneous injection (Ocrevus SC). Ocrevus IV is administered as a twice-yearly 600 mg intravenous infusion and Ocrevus SC is

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administered as a twice-yearly 920 mg subcutaneous injection. Ocrevus IV formulation is funded under Special Authority for patients with relapsing multiple sclerosis (RMS) and primary progressive multiple sclerosis (PPMS) who meet predefined criteria. Ocrevus SC formulation is not a PHARMAC funded medicine and is currently not available in New Zealand.

As of 31 March 2025, an estimated total of more than 420,000 people with MS have received ocrelizumab across a combination of interventional clinical trials, pre-approval access programmes and post-marketing experience. This corresponds to an estimated 1.2 million patient years of total cumulative exposure.

Following a review of all available data concerning liver injury with ocrelizumab, a pattern of liver injury without findings of viral hepatitis has been identified in a case series which shows reasonable evidence of a temporal association with the first administration of ocrelizumab. The review also showed that, while liver function recovered within a period of up to 2 months, spontaneously or in response to standard symptomatic treatment, cases were clinically significant and could result in severe liver injury. In a few cases, patients were temporarily added to a transplant list.

Roche Products (New Zealand) Ltd is sending this communication to inform you that liver injury is now classified as an identified risk for ocrelizumab. These cases were infrequently reported mainly in the post-marketing setting and frequency cannot be accurately calculated.

Prescriber action

Counsel patients about the risks and benefits of ocrelizumab. Physicians should inform patients that:

- Clinically significant liver injury, without findings of viral hepatitis is a new identified risk for ocrelizumab.
- Liver function tests should be obtained prior to initiating treatment with ocrelizumab and signs and symptoms of any hepatic injury during treatment should be monitored.
- Liver functional tests should include, at a minimum, serum aminotransferases, alkaline phosphatase, and bilirubin levels. These tests should be performed promptly in patients who report symptoms that may indicate liver injury.
- If liver injury is present, ocrelizumab should be discontinued. If an alternative etiology is identified, treatment with ocrelizumab can be resumed only when the event has fully resolved.

New Safety Information will be added to the Data Sheet

The relevant information will be added to the Data Sheet for Ocrevus following review by Medsafe. This DHPC has been disseminated in advance of the company label update to make

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you aware of the identified risk. Before prescribing, please review the full Ocrevus Data Sheet available at www.medsafe.govt.nz.

Reporting Adverse Events

Roche will continue to monitor the safety of ocrelizumab through established reporting mechanisms and notify regulatory authorities as per current regulations. Please report any suspected adverse events via email to Roche Patient Safety at nz.drugsafety@roche.com. Alternatively, this information may be reported to CARM/Medsafe at https://pophealth.my.site.com/carmreportnz/s/.

Ocrevus IV and Ocrevus SC are not subject to additional monitoring in any country.

Further Information

If you have any questions or require additional information regarding the use of Ocrevus, to report an adverse event (side effect) or product quality defect or to submit a temperature excursion assessment, please visit MedInfo.roche.com or phone Roche Medical Information on 0800 276 243.

Yours sincerely,
On behalf of Roche Products (New Zealand) Limited

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