

ocrelizumab and hyaluronidase-ocsq (Ocrevus Zunovo)**Medical Benefit Drug Policy**Place of Service

Home Infusion

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

Drug Details**USP Category:** CENTRAL NERVOUS SYSTEM AGENTS**Mechanism of Action:** CD20-directed cytolytic antibody**HCPCS:**

J2351: Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq

How Supplied:

920 mg ocrelizumab and 23,000 units hyaluronidase per 23 mL (40 mg and 1,000 units per mL) solution in a single-dose vial

Condition(s) listed in policy (*see coverage criteria for details*)

- Multiple Sclerosis, Primary Progressive
- Multiple Sclerosis, Relapsing Forms that includes Clinically Isolated Syndrome, Relapsing-Remitting Disease, and Active Secondary Progressive Disease

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria**The following condition(s) require Prior Authorization/Preservice.****Multiple Sclerosis, Primary Progressive****Meets medical necessity if all the following are met:**

1. Not used in combination with other immunomodulators for multiple sclerosis

Covered Doses:

Up to 23 mL (920 mg ocrelizumab and 23,000 units hyaluronidase) given subcutaneously every 6 months

Coverage Period:

Initial: 1 year

Subsequent:

- Yearly if administered at a hospital outpatient facility
- Indefinite if administered in a preferred site of service

ICD-10:

G35

Multiple Sclerosis, Relapsing Forms that includes Clinically Isolated Syndrome, Relapsing-Remitting Disease, and Active Secondary Progressive Disease**Meets medical necessity if all the following are met:**

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References

1. Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq). Prescribing Information. Genentech, Inc., South San Francisco, CA. 9/2024.

Review History

Date of Last Annual Review: 4Q2024

Changes from previous policy version:

- HCPCS: Added J2351, effective 4/1/2025

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*