

GCHP Medi-Cal Clinical Guidelines Ocrelizumab (Ocrevus™)

PA Criteria	Criteria Details		
Covered Uses (FDA Approved Indication)	Primary progressive multiple sclerosis (PPMS) in adults and relapsing forms of MS, including clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.		
Exclusion Criteria	<ul style="list-style-type: none">Active infection including hepatitis B and tuberculosis.Concurrent use with other disease-modifying therapies or immunosuppressives.		
Required Medical Information	<ul style="list-style-type: none">Clinic notes documenting PPMS or relapsing form of MS.No active HBV confirmed by positive results for Hepatitis B surface antigen (HBsAg) and anti-HBV tests.Renewal requires favorable response to ocrelizumab therapy.		
Age Restriction	18 years of age and older		
Prescriber Restrictions	Neurologist		
Coverage Duration	12 months		
Other Criteria / Information	Criteria adapted from DHCS April 2024 & MCG		
	HCPCS	Description	Dosing, Units
	J2350	Injection, Ocrelizumab, 1mg (Ocrevus™)	300mg once IV on day one, followed by 300mg once IV two weeks later; subsequent doses of 600mg IV once every six months

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	5/1/2024	5/1/2024	Lily Yip, Director of Pharmacy Services; Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	3/1/2025
Approved	N/A	7/18/2024	Medical Advisory Committee (MAC)	3/1/2025