

Ocrevus Zunovo (ocrelizumab + hyaluronidase) — HCPCS J2351

CARECOST ESTIMATE · BILLING
CHEAT SHEET

Genentech, Inc. 920 mg / 23,000 U / 23 mL single-dose vial SC injection (abdomen) every 6 months Reviewed: May 2, 2026 ASP: Q2 2026

HCPCS

J2351

1 mg = 1 unit

DOSE

920 units

920 mg SC q6mo · 1 vial

MODIFIER

JZ

Required, every claim

ADMIN CPT

96401/96372

SC chemo or therapeutic

MEDICARE ASP+6%

\$46.794

/mg · \$43,050.48/dose

CODES & NDC

HCPCS	J2351 — "Inj ocrelizumab 1 mg + hyaluronidase-ocsq" (permanent, eff. 4/1/2025)
NDC	50242-554-01 (10) / 50242-0554-01 (11) — N4 qualifier
VIAL	920 mg ocrelizumab + 23,000 U hyaluronidase / 23 mL single-dose
ROUTE	Subcutaneous, abdomen only, ~10 minutes
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy

DOSE SCHEDULE (FDA LABEL)

- **No split loading dose** — the very first dose is 920 mg.
- **Maintenance:** 920 mg SC every 6 months (single 23 mL injection in abdomen).
- **Time:** ~10 minutes per administration.

YEAR-1 UNIT MATH (NEW PATIENT)

Day 0 — 920 mg SC injection: **920 units**
Month 6 — 920 mg SC injection: **920 units**
Total year 1: 1,840 units (2 doses)

PREMEDICATION (LABEL-MANDATED)

- Dexamethasone 20 mg **PO** ≥30 min prior
- Antihistamine (e.g., desloratadine) ≥30 min prior
- Antipyretic optional

Different from IV Ocrevus. SC uses oral dexamethasone, not IV methylprednisolone.

ADMINISTRATION CODES

CODE	WHEN
96401	SC chemo admin (Genentech-recommended)
96372	Therapeutic SC/IM injection (payer fallback)
Home admin — Medicare: G0089 + G0069	
Home admin — commercial: S9329 – S9331 + 96372	

Payer fork: default 96401; flip to 96372 for plans (BCBS, Cigna, Oscar) that don't recognize ocrelizumab as chemo-eligible.

ICD-10-CM (EFF. 10/1/2025)

CODE	FOR
G35.A	RRMS
G35.B0	PPMS, unspecified
G35.B1	Active PPMS
G35.B2	Non-active PPMS
G35.C0	SPMS, unspecified
G35.C1	Active SPMS (covered)
G35.D	MS, unspecified

Avoid parent code G35 — many payers reject. Same ICD-10 list as IV Ocrevus.

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	IV FIRST?	RE-AUTH
UHC (2026D0056P)	Yes	No	12 mo
Aetna (CPB 0264)	Yes	No	w/ response
Cigna (IP0705)	Yes	No	w/ response
SC BCBS / Anthem-Carelon	Yes	No	w/ response

No payer requires IV first. Combined Ocrevus + Zunovo policy at most plans. Genentech: 95% of MS patients have parity coverage.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$46.794 / mg (effective 4/1 – 6/30/2026)
920 mg dose	\$43,050.48 (920 units × \$46.794)
After ~2% sequestration	~\$42,189 (actual paid)
Annual (2 doses)	~\$86,101 (vs. ~\$71,515 for IV)

SITE OF CARE

SETTING	POS	NOTES
Physician office	11	10-min injection — no infusion suite needed
Ambulatory infusion suite	49	Common site even though SC
Hospital outpatient	19/22	Disfavored by commercial UM
Patient home	12	See home admin codes above

MODIFIERS

MOD	WHEN
JZ	Required every claim (single-dose vial, no waste)
JW	Does NOT apply
25	On E/M same day as injection
JG / TB	340B — per MAC policy

Common denial: Using G0089/G0069 on commercial home claims. Use S-codes + 96372 for commercial.

PATIENT ASSISTANCE

- **OCREVUS / OCREVUS ZUNOVO Co-pay Program** — commercial; combined
- **Genentech Patient Foundation** — uninsured/underinsured
- **Patient Navigator:** 1-844-OCREVUS / 1-844-627-3887 (M–F 9–8 ET)
- **Spoilage:** 1-800-551-2231
- Enroll: genentech-access.com

Different drug, different code: Ocrevus IV = J2350, NDC 50242-150-01, 600 units, admin 96413 or 96365, 2–3.5 hr infusion. Confirm formulation before billing.

Sources: Genentech v6.0 (9/25), FDA label (8/25, BLA 761371), CMS ASP Q2 2026, UHC/Aetna/Cigna/BCBS combined policies.

[carecostestimate.com/drugs/ocrevus-zunovo](https://www.carecostestimate.com/drugs/ocrevus-zunovo)