

Ocrevus (ocrelizumab) | Order Form

Patient Name: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

1. For new patients, please submit with form:

- Copy of insurance card ● Patient demographics ● History & physical
- Labs: Include quantitative serum immunoglobulins and HBV (may include HCV, HIV, TB if indicated based on patient risk factors)

2. Patient Information

Male Female Height: _____ in cm Weight: _____ lbs kg NKDA Allergies: _____
Is this the first dose? Yes No, date of last infusion: _____ Next due: _____ Line type: PIV PICC Port Other

3. Diagnosis and Clinical Information

ICD-10 (required): _____ Primary diagnosis: Multiple sclerosis _____ Other: _____

4. Prescription Information: Select ONE regimen below, IV or SubQ (-Zunovo)

INTRAVENOUS: Ocrevus 300 mg (30 mg/mL) single -dose vial(s) for IV infusion	
Dose / Frequency	<input type="checkbox"/> Initial and maintenance dosing: Ocrevus 300 mg IV on days 1 and 15, then 600 mg every 6 months <input type="checkbox"/> Maintenance dosing only (initial dosing already complete): Ocrevus 600 mg IV every 6 months
Pre-Medications	Give standard premedications 30 min prior to infusions: <input checked="" type="checkbox"/> Diphenhydramine 25-50 mg PO, indicate if IV required: <input type="checkbox"/> give slow IV push (over 2-3 min as tolerated) <input checked="" type="checkbox"/> Methylprednisolone 100 mg slow IV push (or an equivalent corticosteroid, substitution if needed by pharmacy) <input checked="" type="checkbox"/> Acetaminophen 325-650 mg PO OR: <input type="checkbox"/> Other premedication regimen: _____
Directions	● Dilute per manufacturer guidelines in compatible IV fluid. Administer diluted solution using a 0.2 or 0.22 micron in-line filter, infused per protocol based on tolerability. ● RN to start peripheral IV or use existing CVC and administer catheter flushing per Coastal Infusion Services Policy and Procedure ● Monitor for 1 hour post-infusion and educate on possible side-effects, allergic reaction, and when to contact prescriber
Quantity / Refills	Dispense 1 month supply / Refill x 12 months unless otherwise specified: _____ refills Dispense all medical supplies necessary for administration Other: _____

OR:

SUBCUTANEOUS: Ocrevus ZUNOVO (ocrelizumab and hyaluronidase-ocsq injection) for subQ administration	
Dose / Frequency	<input type="checkbox"/> Administer 23 mL Ocrevus Zunovo (920 mg ocrelizumab / 23,000 units hyaluronidase) subQ every 6 months
Pre-Medication **See Note**	**Note to Prescriber: Please send separate prescription(s) for corticosteroid and antihistamine (if needed) to patient's retail pharmacy of choice. Patient to take at least 30 minutes prior to each Ocrevus Zunovo administration: <input checked="" type="checkbox"/> Corticosteroid: 20 mg dexamethasone PO (or an equivalent corticosteroid) <input checked="" type="checkbox"/> Antihistamine: 5 mg desloratadine PO (or antihistamine of patient/provider choice) <input checked="" type="checkbox"/> Acetaminophen 325-650 mg PO (optional) <input type="checkbox"/> Other pre-medication regimen: _____
Directions	RN to administer Ocrevus Zunovo per manufacturer guidelines, over 10 minutes in the abdomen. Monitor at least 1 hour after initial, & at least 15 minutes after subsequent injections. Educate on side-effects, reactions, & when to contact prescriber
Quantity / Refills	Dispense 1 month supply / Refill x 12 months unless otherwise specified: _____ refills Dispense all medical supplies necessary for administration Other: _____

5. Adverse reaction orders

- Standard anaphylaxis kit to be dispensed and dosed per protocol: Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), & NS IV. For Ocrevus Zunovo, anaphylaxis kit dispensed for use by RN and includes epinephrine & diphenhydramine.

6. Prescriber Information

Prescriber Name: _____ Office Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
License No.: _____ DEA NO.: _____ NPI: _____

Physician Signature (Substitution Permitted)

Date

Physician Signature (Dispense as Written)

Date