

Ocrevus (ocrelizumab)/Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)

Provider Order Form rev. 4/10/2022

PATIENT INFORMATION

Referral Status (check one): ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: _____ DOB: _____

NKDA ☐ Allergies: _____ Weight _____ Please specify: ☐ lbs ☐ kg Height: _____

Patient Status (check one): ☐ New to Therapy ☐ Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

- ☐ Provide nursing care per AdaptIV Infusion Nursing Procedures, including reaction management and post-procedure observation
- ☐ Hepatitis B status & date (list results here & attach clinicals): _____

Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Ocrevus induction.

- ☐ I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals): _____

PRE-MEDICATION ORDERS

- ☐ acetaminophen [Tylenol] ☐ 500mg | ☐ 650mg | ☐ 1000mg PO
- ☐ cetirizine [Zyrtec] 10mg PO
- ☐ loratadine [Claritin] 10mg PO
- ☐ diphenhydramine [Benadryl] ☐ 25mg | ☐ 50mg | ☐ PO | ☐ IV
- ☐ famotidine [Pepcid] 20mg PO
- ☐ methylprednisolone [Solu-Medrol] ☐ 125mg IV
- ☐ hydrocortisone [Solu-Cortef] ☐ 100mg IV
- ☐ Other: _____

Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- ☐ **Ocrevus** (ocrelizumab) intravenous infusion
- ☐ Induction:
 - Dose: 300mg in 250ml 0.9% sodium chloride
 - Frequency: on Day 1 and Day 15
 - Rate: Start at 30ml/hr, increasing by 30ml/hr every 30 minutes to a maximum rate of 180ml/hr
 - Duration should be at least 2.5 hours
 - After induction, continue with maintenance dosing below
- ☐ Maintenance:
 - Dose: 600mg in 500ml 0.9% sodium chloride
 - Frequency: every 6 months from infusion 1 of initial dose
- ☐ Rate: (Choose one)
 - ☐ Infuse over 3.5 hours (Start at 40ml/hr, increase by 40ml/hr every 30 minutes, max 200ml/hr)
 - ☐ Infuse over 2 hours (Start at 100ml/hr x 15 min, 200ml/hr x 15 min, 250ml/hr x 30 min, 300ml/hr until completion)

NOTE: If rate not indicated and no prior serious infusion reaction with previous infusion, will infuse over 2 hours

- ☐ Flush with 0.9% sodium chloride at the completion of infusion
- ☐ Patient required to stay for 60-min observation post infusion
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____
(if not indicated order will expire one year from date signed)

- ☐ **Ocrevus Zunovo** (ocrelizumab and hyaluronidase-ocsq)
920 mg/23,000 units (920 mg ocrelizumab and 23,000 units of hyaluronidase) administered as a single 23 mL subcutaneous injection in the abdomen over approximately 10 minutes every 6 months

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Provider Name (Print) _____

Provider Signature _____

Date _____