

## Ocrevus (ocrelizumab)

### 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

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

### 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

#### 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