

## OCREVUS & OCREVUS ZUNOVO (ocrelizumab) Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ M ☐ F

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis *(please provide ICD-10 code):*

☐ \_\_\_\_\_ Multiple Sclerosis ☐ \_\_\_\_\_ *(other)*

#### Pre-Medication:

☐ **IV Protocol:** Diphenhydramine 25mg PO 30 – 60 minutes prior and Solu-Medrol 125mg IVP 30 minutes prior to infusion

☐ **SQ Protocol:** Diphenhydramine 25mg PO and dexamethasone 20mg PO 30 minutes prior to injection

☐ Other: \_\_\_\_\_

*\*protocol premeds are recommended unless other premeds ordered\**

#### Required Documents:

- ☒ Patient Demographic Sheet
- ☒ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*
- ☒ HepB Status & Date *(please attach)*
- ☒ Serum Immunoglobulins (before first infusion)

### ☐ **OCREVUS IV Infusion:**

#### Induction Dose & Frequency:

- ☐ 300mg in 250ml 0.9% sodium chloride, administer IV with 0.2 filter at Day 1 and Day 15
  - Infuse over no less than 2.5 hours
  - Rate: Start at 30ml/hr, increase by 30ml/hr every 30 minutes to a max rate of 180ml/hr
- ☐ After induction dosing, continue with maintenance dose

#### Maintenance Dose & Frequency:

- ☐ 600mg in 500ml 0.9% sodium chloride, administer IV every 6 months

### ☐ **OCREVUS ZUNOVO SQ Injection:**

#### Dose & Frequency:

- ☐ 920mg/23mL administer SQ over approximately 10 minutes every 6 months

Refills: \_\_\_\_\_ *(if not indicated, Rx will expire one year from date signed)*

### Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_