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Washington Township Infusion Center
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Ocrevus Zunovo® (ocrelizumab and hyaluronidase)

Epic Referral: REF115249

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** G35 – Multiple Sclerosis

Rx:

☐ Ocrelizumab 920 mg/hyaluronidase 23,000 units subcutaneously every 6 months

- Administer over a period of 10 minutes using a 24- or 26-G, 12-inch tubing, PVC winged infusion set with a maximum priming volume of 0.8 mL. Monitor patient for 60 minutes after first injection and at least 15 minutes after subsequent injections

Order good for: ☐ 6 months ☐ 1-year Other duration: _____

Pre-meds: (given 30 minutes prior to each Ocrevus Zunovo dose)

- ☐ Dexamethasone 20 mg PO or ☐ Solumedrol _____ mg IV
- ☐ Tylenol 1000 mg PO or ☐ Tylenol 650 mg po
- ☐ Claritin 10 mg PO or ☐ Zyrtec 10 mg PO or ☐ Benadryl _____ mg po
- ☐ Other: _____

Dexamethasone 20 mg (or equivalent) and an antihistamine required per package insert.

****Please send Hep B Panel results with order, we cannot infuse without Hep B Panel documentation. ***

Other comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____