OCREVUS® (ocrelizumab) | OCREVUS ZUNOVO™ (ocrelizumab & hyaluronidase-ocsq)

# Day-of-Treatment Checklist and Discharge Instructions

**RETURN FORM TO PRESCRIBING PHYSICIAN UPON COMPLETION OF TREATMENT**

| | | |
|---|---|---|
| Patient name: | | DOB: ____/____/____ |
| Referring physician: | Nurse name: | Fax #: |
| Name and address of treatment site: | | Phone #: |

Hepatitis B screening confirmed and cleared for infusion: Yes ☐ No ☐

Quantitative serum immunoglobulins test confirmed and cleared for infusion: Yes ☐ No ☐

Live or live-attenuated vaccines received in past 4 weeks: Yes ☐ No ☐

If yes, name of vaccine:

Date administered: ____/____/____

☐ Patient has been assessed per the Prescribing Information and cleared for treatment (e.g., Medication Guide and patient counseling, including pregnancy and infection assessment)

## PREMEDICATIONS

| Name of Medication | Dose/Amount | IV or Oral | Time | Date |
|---|---|---|---|---|
| Corticosteroid: | | | | |
| Antihistamine: | | | | |
| Antipyretic: | | | | |

## OCREVUS® [IV]*

☐ **DOSE 1, INFUSION 1:** OCREVUS 300 mg, mixed in 250 mL of 0.9% sodium chloride at room temperature infused over approximately 2.5 hours

| | | |
|---|---|---|
| Date: ____/____/____ | Time infusion started: | Time infusion completed: |

Did the patient experience any infusion reactions? Yes ☐ No ☐

If yes, please describe reaction and what supportive treatment was given: _____

☐ **DOSE 1, INFUSION 2 (scheduled 2 weeks after first infusion):** OCREVUS 300 mg, mixed in 250 mL of 0.9% sodium chloride at room temperature infused over approximately 2.5 hours

| | | |
|---|---|---|
| Date: ____/____/____ | Time infusion started: | Time infusion completed: |

Did the patient experience any infusion reactions? Yes ☐ No ☐

If yes, please describe reaction and what supportive treatment was given: _____

☐ **MAINTENANCE DOSE:** OCREVUS 600 mg, mixed in 500 mL of 0.9% sodium chloride at room temperature, administered every 24 weeks; 2 infusion options to choose from:

- ☐ **Option 1:** Single infusion administered over approximately 3.5 to 4 hours
- ☐ **Option 2:** Single infusion administered over approximately 2 hours (for eligible patients who have not experienced a serious infusion reaction with any previous OCREVUS infusion)

| | | |
|---|---|---|
| Date: ____/____/____ | Time infusion started: | Time infusion completed: |

Did the patient experience any infusion reactions? Yes ☐ No ☐

If yes, please describe reaction and what supportive treatment was given: _____

*Prior to the start of the intravenous (IV) infusion, the content of the infusion bag should be at room temperature. Use the prepared infusion solution immediately. If not used immediately, store up to 24 hours in the refrigerator at 2 °C to 8 °C (36 °F to 46 °F) and 8 hours at room temperature up to 25 °C (77 °F), which includes infusion time. In the event an IV infusion cannot be completed the same day, discard the remaining solution. No incompatibilities between OCREVUS and polyvinyl chloride (PVC) or polyolefin (PO) bags and IV administration sets have been observed.

Please see additional Important Safety Information throughout and click here for full OCREVUS **Prescribing Information** and **Medication Guide**. For OCREVUS ZUNOVO, click here for full **Prescribing Information** and **Medication Guide**.

# Day-of-Treatment Checklist and Discharge Instructions

## OCREVUS ZUNOVO™ [SUBCUTANEOUS INJECTION]†

☐ OCREVUS ZUNOVO 920 mg ocrelizumab and 23,000 units of hyaluronidase

| Date: _____ /_____ /_____ | Time injection started: | Time injection completed: |
|---|---|---|

Did the patient experience any injection reactions?
Yes ☐ No ☐

If yes, please describe reaction and what supportive treatment was given: _____

**Note:** Infusions or injections may be interrupted or slowed as needed. For OCREVUS and the first dose of OCREVUS ZUNOVO, monitor the patient for at least 1 hour after the completion of the infusion or injection. For subsequent doses of OCREVUS ZUNOVO following the first dose, monitor the patient for at least 15 minutes post-injection. Scan or click this QR code to download the **OCREVUS and OCREVUS ZUNOVO Dosing and Administration Guide** for additional details.

†Prior to the start of the injection, the vial should be at room temperature. Immediate use is recommended. If not used immediately, use aseptic technique to withdraw the entire OCREVUS ZUNOVO contents from the vial into the syringe to account for the dose volume (23 mL) plus the priming volume for the subcutaneous (SC) infusion set. Replace the transfer needle with a syringe closing cap. DO NOT attach an SC infusion set. If not used immediately, the closed syringe can be refrigerated (2 °C to 8 °C [36 °F to 46 °F]) for up to 72 hours followed by 8 hours at ambient temperatures ≤25 °C (77 °F) in diffuse daylight.

## DISCHARGE INSTRUCTIONS

☐ Patient/caregiver has been informed about the signs and symptoms of infusion or injection-related reactions, that infusion or injection reactions can occur within 24 hours after treatment, and to contact their health care provider for potential infusion or injection reactions. Refer to the Prescribing Information for signs and symptoms associated with infusion or injection reactions

☐ Patient has been instructed to ask prescriber about scheduling their 6-month dose by _____ /_____ /_____ (enter date)

☐ Patient is scheduled for next treatment on _____ /_____ /_____ (enter date)

Does patient have a follow-up appointment already scheduled with a neurologist? Yes ☐ No ☐

If yes, date of appointment: _____ /_____ /_____

**ADDITIONAL NOTES:** _____

**RETURN FORM TO PRESCRIBING PHYSICIAN UPON COMPLETION OF TREATMENT**

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