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

Phone: (866) 422-2377
Monday through Friday, 9 a.m.–8 p.m. ET

Treatment Referral Form

This is an optional form that can be used to provide information to your patient's treatment site. **Please send this completed form to the treatment center that has been identified to administer OCREVUS® [IV] or OCREVUS ZUNOVO™ for your patient. Do not send it to Genentech.**

OCREVUS Patient Navigators are a point of contact for assistance throughout your patients' treatment, including access, reimbursement and treatment coordination support. For more information, call (844) OCREVUS (844-627-3887).

1 PATIENT AND INSURANCE INFORMATION

Patient first name	Patient last name		
Address	City		
State	ZIP	DOB (MM/DD/YYYY) ____/____/____	
Phone number			
Preferred language, if not English			

Note: If possible, please provide MRI results and any supporting clinical notes, which include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.

Height	Weight	Temperature	Allergies
Date of last MRI	Past DMT therapies		
Hepatitis B (HBsAg and anti-HBV) test results			
Quantitative serum immunoglobulins test results			

☐ **Please confirm compliance:** According to immunization guidelines, live or live-attenuated vaccines should be administered at least 4 weeks prior to initiation of OCREVUS or OCREVUS ZUNOVO and, whenever possible, for non-live vaccines at least 2 weeks prior to initiation of OCREVUS or OCREVUS ZUNOVO.

Patient insurance Please provide copies of the front and back of medical and pharmacy insurance cards.

Medical insurance

Insurance company name	Plan type
Member group number	ID number
Policyholder name	Phone number
Relationship to policyholder	Policyholder DOB (MM/DD/YYYY) ____/____/____

Pharmacy insurance

Prescription drug plan	Plan number
Group number	ID number
Cardholder name	Phone number
Relationship to cardholder	PCN/BIN number

2 PRESCRIBER INFORMATION

Prescriber name	Prescriber NPI number		State license number	
Practice/facility name	Address	City	State	ZIP
Primary contact name	Phone number		Fax number	

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**.

3 DIAGNOSIS/PRESCRIPTION INFORMATION

Please confirm diagnosis ☐ G35 Multiple Sclerosis (MS)

☐ **OCREVUS® [IV]** ☐ Refills (# of refills): _____

☐ Dispense: 2 vials | Strength: 300 mg/10 mL (30 mg/mL) single-dose vial

Please select appropriate dosing and administration:

☐ **Initial dose:** 600-mg dose administered as 2 separate IV infusions 2 weeks apart
- First, infuse 300-mg IV over approximately 2.5 hours
- 2 weeks later, infuse 300-mg IV over approximately 2.5 hours

☐ **Maintenance dose:** 600-mg dose administered once every 24 weeks; choose from 2 infusion options:

☐ 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)

Note: Observe the patient for at least 1 hour after the completion of the infusion. Infusions may be interrupted or slowed as needed. See the OCREVUS Prescribing Information for additional details.

OCREVUS premedications

☐ **Methylprednisolone (or equivalent corticosteroid):** 100 mg administered intravenously approximately 30 minutes prior to each OCREVUS infusion

☐ **Antihistamine (e.g., diphenhydramine):** Premedicate approximately 30 to 60 minutes prior to each OCREVUS infusion to further reduce the frequency and severity of infusion reactions

☐ **Antipyretic (e.g., acetaminophen):** The addition of an antipyretic may also be considered

☐ Other: _____

Infusion supplies

- Filter (0.2 or 0.22 micron in-line)
- Infusion-related reaction medications (i.e., Benadryl, epi-pen, etc.): _____
- Other: _____

☐ **OCREVUS ZUNOVO™ [SUBCUTANEOUS INJECTION]** ☐ Refills (# of refills): _____

☐ Dispense: 1 vial | Strength: 920 mg ocrelizumab and 23,000 units of hyaluronidase single-dose vial

Please select appropriate dosing and administration:

☐ 920 mg/23,000 units (920 mg ocrelizumab and 23,000 units of hyaluronidase)
- Administered subcutaneously in the abdomen approximately 10 minutes once every 24 weeks

OCREVUS ZUNOVO premedications

☐ **Dexamethasone (or equivalent corticosteroid):** 20 mg administered orally at least 30 minutes prior to administration

☐ **Antihistamine (e.g., desloratadine):** Administered orally at least 30 minutes prior to administration to reduce the risk of local and systemic injection reactions

☐ **Antipyretic (e.g., acetaminophen):** The addition of an antipyretic may also be considered

☐ Other: _____

Scan or click this QR code to download a detailed **Dosing and Administration Guide** for OCREVUS and OCREVUS ZUNOVO.

Injection supplies

- OCREVUS subcutaneous injection vial
- Syringe
- 21G stainless steel transfer needle
- Subcutaneous injection set (e.g., winged/butterfly) containing a 24-26G needle
- Syringe tip cap

Optional:
- Syringe pump

Note: For the initial dose, monitor the patient for at least 1 hour post-injection. For subsequent doses, monitor the patient for at least 15 minutes post-injection. See the OCREVUS ZUNOVO Prescribing Information for additional details.

Additional information and clinical notes:

Please scan or click this QR code to download an optional **Day-of-Treatment Checklist and Discharge Instructions** to return to the prescriber following the patient's treatment.

Please see the OCREVUS infusion or injection-related reaction protocol in the OCREVUS and OCREVUS ZUNOVO Prescribing Information.
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**.

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