



option care health®

Dear Provider,

Specialty therapies can be complex, and complete information is essential to help ensure timely access to care.

The following prescriber order form is designed to capture the necessary clinical and patient information the dispensing pharmacy requires to begin the applicable prescribed therapy.

If your patient has elected to use Option Care Health, please fax completed form and required clinical documentation to **713-983-4647**.

Sincerely,
Option Care Health

OCREVUS® (OCRELIZUMAB) AND OCREVUS ZUNOVO® (OCRELIZUMAB/HYALURONIDASE) PRESCRIBER ORDER FORM

Patient Name: _____	Date of Birth: _____	Gender: _____
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Address: _____

Phone: _____	Height: _____	<input type="checkbox"/> inches <input type="checkbox"/> cm	Weight: _____	<input type="checkbox"/> lbs <input type="checkbox"/> kg
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Clinical Information

Primary Diagnosis Description: _____	ICD-10 Code: _____
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Quantitative Serum IG Levels: _____	Hepatitis B Status: Titer date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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Ocrevus® and Ocrevus Zunovo® Prescription

Ocrevus Initial Dose: Infuse 300 mg IV over at least 2.5 hours on weeks 0 and 2.

Ocrevus Maintenance Dose: Infuse 600 mg IV over at least 2 hours every 6 months. Refill as directed x 1 year.
 Infuse 600 mg IV over at least 3.5 hours every 6 months. Refill as directed x 1 year.

Ocrevus Zunovo Dose: Administer 23mL (920 mg ocrelizumab/23,000 units hyaluronidase) subcutaneously in the abdomen via slow push over approximately 10 minutes every 6 months. Refill as directed x 1 year.

Other orders: _____

If planned maintenance dose is missed, administer dose ASAP and reset dosing schedule to six months after the missed dose was administered. Maintenance doses must be separated by at least 5 months.

Ancillary Orders**Anaphylaxis Kit**

- Epinephrine 0.3 mg SUBQ or IM x 1 dose & repeat x 1 in 5 to 15 min PRN.
- Diphenhydramine 25mg IV or IM; may repeat x 1 dose in 15 min PRN if no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Skilled Nursing to establish peripheral IV access as needed to manage anaphylaxis.

Pre-Medication Orders

- Diphenhydramine 25mg PO 30 minutes prior to infusion.
 - Check here to substitute diphenhydramine 25mg PO with loratadine 10mg PO 30 minutes prior to infusion.
- Ocrevus IV: Methylprednisolone Sodium Succinate 100 mg IV push over at least 5 minutes approximately 30 min prior to infusion.
- Ocrevus Zunovo: Dexamethasone 20mg PO 30 min before infusion.
- Acetaminophen _____ mg PO 30 min before infusion. Patient may decline.
- Other: _____

IV Flush Orders

- Peripheral: 0.9% Sodium Chloride 3 to 5 mL pre-/post-use.
- Implanted Port: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use.
For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

Lab Orders

- No labs ordered at this time.
- Quantitative serum IG level (IgG, IgM and IgA) every 6 months to be drawn at maintenance dose infusion visit.
- Other: _____

Skilled nurse to assess and administer and/or teach self-administration where appropriate via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ **Date:** _____

Prescriber Information

Prescriber Name: _____	Phone: _____	Fax: _____
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Address: _____	NPI: _____
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City, State: _____	Zip: _____	Office Contact: _____
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CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.