

McLeod Health

Ocrelizumab and Hyaluronidase (Ocrevus Zunovo) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis:

☐ G35 Relapsing Remitting Multiple Sclerosis ☐ G35 Primary Progressive Multiple Sclerosis

☐ ICD 10 Code: _____ Diagnosis Description: _____

Pre-Medications: **administered 30 minutes prior to injection**

● Acetaminophen 650 mg PO

● Diphenhydramine: Dose: ☐ 25 mg ☐ 50 mg Route: PO

● Dexamethasone: Dose: ☐ 10 mg ☐ 20 mg Route: PO

☐ Other (include drug, dose, and route): _____

Drug Orders:

● Ocrelizumab-Hyaluronidase-ocsq (Ocrevus Zunovo) (J2351) 920 mg as SC injection over 10 minutes via abdomen

● Order Frequency: Once every 24 weeks (Other: _____)

● Order Duration: Twelve months unless otherwise specified (Other: _____)

Lab Orders:

☐ _____

Standing Orders:

● Monitor patient for 1 hour following completion of first injection. Monitor patient for 15 minutes following completion of subsequent injections.

● Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Provide Hepatitis screening (Hepatitis B Surface Antigen and Total Hepatitis B Core Antibody) prior to start of therapy and within last 12 months

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received ocrelizumab at another facility, please provide last date received: _____
- If patient has previously received another biologic therapy, please provide the name: _____
and the last date received: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- | | | |
|--|---|--|
| <input type="checkbox"/> McLeod Regional Medical Center (Florence) | <input type="checkbox"/> McLeod Health Loris | <input type="checkbox"/> McLeod Health Cheraw |
| <input type="checkbox"/> McLeod Health Seacoast (Little River) | <input type="checkbox"/> McLeod Health Dillon | <input type="checkbox"/> McLeod Health Clarendon (Manning) |

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.