



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093

P 774-581-0032 | F 774-581-0033

PAGE 1

Ocrevus / Ocrevus Zunovo - Referral Checklist

Referral packet checklist

Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME

DOB

DATE

REFERRING PROVIDER

NPI

DIRECT CONTACT / EXT.

OFFICE / PRACTICE

PHONE

FAX

EMAIL

URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- ☐ Patient demographics and contact information
- ☐ Primary and secondary insurance information; front/back card copies
- ☐ Supporting clinical notes / office visits documenting Ocrevus / Ocrevus Zunovo treatment plan
- ☐ Current medication list and allergies
- ☐ Relevant laboratory results / imaging and baseline safety information
- ☐ Completed Ocrevus / Ocrevus Zunovo prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Ocrevus
- Medication list and allergies
- Last Ocrevus infusion note, if available
- Baseline: CBC w diff, CMP, serum immunoglobulins, Hepatitis B screening, and brain MRI within 1 year

GBIC INTERNAL USE

REFERRAL RECEIVED

BENEFITS VERIFIED

PA STATUS / THROUGH

SCHEDULED



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093

P 774-581-0032 | F 774-581-0033

PAGE 2

Prescribing Order - Ocrevus / Ocrevus Zunovo (ocrelizumab)

☐ New Start

☐ Maintenance

DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐ NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO

☐ Diphenhydramine 25mg IV

☐ Loratadine 10mg or Cetirizine 10mg PO

☐ Solu-medrol 125mg IV in 50ml over 15min

☐ Diphenhydramine 25mg PO

☐ Other

LAB ORDERS

☐ CBC w/diff, CMP every

☐ Other



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

PAGE 3

Prescribing Order - Ocrevus / Ocrevus Zunovo (ocrelizumab) (continued)

OCREVUS MEDICATION ORDER:

- ☐ Ocrevus 300mg IV on Day 1 and Day 15. Begin infusion at 30ml/hr and increase by 30ml/hr every 30min to a maximum rate of 180ml/hr.
- ☐ Ocrevus 600mg IV once every 6 months. Begin infusion at 40ml/hr then increase rate by 40ml/hr every 30 minutes to a maximum rate of 200ml/hr until completion.
- ☐ Shorter Infusion Time: Ocrevus 600mg IV once every 6 months. Begin infusion at 100ml/hr for the first 15 min, increase to 200ml/hr for the next 15 min, increase to 250ml/hr for the next 30 min, then increase to 300ml/hr for the remaining 60 min.
- ☐ Ocrevus Zunovo 920mg/23ml SC every 6 months. Infuse subcutaneously in the abdomen over approximately 10 minutes.
- ☒ Post infusion observation: Required for 1 hour after all Ocrevus IV treatments and first Ocrevus Zunovo SC treatment
- ☐ NS 100ml/hr x 1 hour

ADMINISTRATION & MONITORING

- ☒ Vital Signs: Pre-treatment, at every rate change, and post-treatment
- ☒ Do not administer if patient has signs or symptoms of active infection
- ☒ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ☒ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature