OCREVUS ZUNOVO™
ocrelizumab & hyaluronidase-ocsq
Subcutaneous injection 920mg/23,000 units

Keep OCREVUS ZUNOVO® Treatment in Your Neurology Clinic

A 2X-yearly, HCP-administered subcutaneous injection delivered in ~10 minutes* that requires no IV infusion-specific supplies[1]

HCP=health care professional; IV=intravenous.
*Does not include all aspects of treatment. Actual injection time may vary.

Genentech
A Member of the Roche Group

OCREVUS ZUNOVO® KEY ATTRIBUTES ENABLE IN-CLINIC ADMINISTRATION

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Key Attributes[1]

NO split first dose | NO reconstitution/dilution | NO IV infusion-specific supplies needed

HCP-administered, ~10-minute subcutaneous injection with no split first dose[1]

	1st dose (no split dose)	All subsequent doses
Oral Premedication (can be taken at home or at the clinic, subject to prescribing physician's discretion)	At least 30 min prior	At least 30 min prior
	+	+
Injection*	~10 min	~10 min
	↓	↓
Post-Injection Monitoring†	At least 60 min	At least 15 min
Overall Time	~1 hr 40 min	~55 min

OCREVUS ZUNOVO:

- Is for subcutaneous use in the abdomen only
- Has different dosage and administration instructions than intravenous ocrelizumab
- Should be administered via subcutaneous injection by an HCP

For more information, please view the video: How to Administer OCREVUS ZUNOVO.

*Injection time may take longer if the treatment is interrupted or slowed.
†For all doses, post-injection observation with access to appropriate medical support to manage severe injection reactions after injection is recommended.

ANCILLARY SUPPLIES TO SUPPORT OCREVUS ZUNOVO® INJECTION

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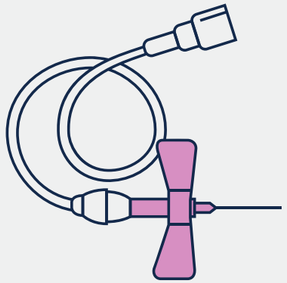
These supplies are not co-packaged with the vial and may take time to acquire. Contact your distributor to learn more about purchasing the injection supplies.

Supplies needed include:

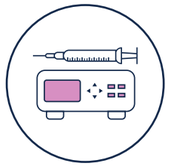
Syringe

21-gauge transfer needle



24- to 26-gauge winged infusion set

You also have the option of using a syringe pump in lieu of the manual injection.



Syringe pump specifications*:

- Occlusion limit compatible with 30 mL to 60 mL syringe size
- Flow rate capability of 1 mL to 5 mL/min

In the OCARINA II study, the instructions for programming the pump called for the occlusion alarm to be set to greater than 6 psi, high or the least sensitive equivalent setting.

Contact your OCREVUS representative to schedule an experiential demonstration of OCREVUS ZUNOVO manual administration.

No IV infusion-specific supplies required.

*The B. Braun Perfusor® Space Syringe Pump was used in the OCARINA II clinical trial. Genentech does not endorse or recommend any particular pumps. Please refer to the syringe pump manufacturer's instructions for the most up-to-date information and to ensure appropriate use of any drug or device.

WHY KEEP OCREVUS ZUNOVO® ADMINISTRATION IN YOUR NEUROLOGY CLINIC?

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Offering OCREVUS ZUNOVO administration treatment in your neurology clinic uniquely enables:

A patient-centric care model

- **Familiarity of care teams** for patients who prefer to be treated at their prescribing clinic vs. managing self-administration
- Potential to schedule OCREVUS ZUNOVO administration **on the same day** as an office visit*
- Potential for **less travel time** for patients who live in areas lacking infusion clinic access (e.g., patients who live in rural areas)

Decreased patient leakage† enables continuity of care

- **Preserves patient choice** to continue treatment at prescribing physician's clinic
- **Reduced need for patients to coordinate** with multiple sites of treatment

Potential for improved coordination of care and treatment continuity

- Easier **access to full patient treatment records within your EHR system**, allowing for close monitoring of the patient's health care journey and progress
- **Decreased need to coordinate** with alternate sites of care

Which of these features would be most important for your institution and why?

CPT=Current Procedural Terminology; EHR=electronic health record.

*Payers may require additional codes/modifiers (such as Modifier 25) and/or additional clear documentation of patient evaluation and management (E/M) above what is included in the injection CPT code.

†Patient leakage here refers to when patients are required to obtain treatment outside their prescribing physician's clinic. This can happen for various reasons, regardless of the patient's personal choice.

Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any item or service.

CONSIDERATIONS FOR IN-CLINIC ADMINISTRATION

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General considerations

- **Acquire necessary supplies**
- **Ensure cold storage availability** for the OCREVUS ZUNOVO® vial
- **Consider premedication protocol**
- **Identify and train appropriate staff to**:
  - Manage patient scheduling
  - Submit relevant paperwork
- **Train staff on how to appropriately bill** for OCREVUS ZUNOVO
- **Determine payer coding requirements** and set up specific payer contracts as needed

Considerations for health system in-clinic administration

Acquisition and setup

- **Determine and implement your acquisition method for OCREVUS ZUNOVO*** (e.g., buy and bill, hospital SP, white-bagging from third-party SP)
- **Check with your health care administrator** to see if you can accept samples† to gain familiarity

Clinical logistics

- **If using buy and bill, consider:**
  - Staffing implications to support purchasing, inventory management and prior authorizations
  - Leveraging existing resources from infusion centers or other sites of care within your network to support operations
- **Identify which HCP(s) will administer OCREVUS ZUNOVO** and designate appropriate space for the injection and post-dose observation
- **Consider if there are specific days/times** you would like to set aside for OCREVUS ZUNOVO treatment

Billing

- **Assess your payer contracts and site-of-care policies** to determine appropriate billing for in-clinic administration
  - Determine if/how within-system billing, compensation and expenses may need to be updated
- **If considering scheduling administration on the same day as an office visit, payers may require:**
  - Additional codes or modifiers, such as Modifier 25‡
  - Clear documentation of patient evaluation and management (E/M) above what is included in the injection CPT code

CPT=Current Procedural Terminology; SP=specialty pharmacy.
*Genentech does not influence or advocate the use of any one specialty distributor or specialty pharmacy. We make no representation or guarantee of service or coverage of any item.
†Subject to terms and conditions.
‡Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech makes no representation or guarantee concerning reimbursement or coverage for any item or service.

GENENTECH PROVIDES PATIENT SUPPORT THROUGHOUT THE ACCESS AND REIMBURSEMENT PROCESS

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The same support you know once OCREVUS® (ocrelizumab) [IV] has been prescribed

Patient Navigator

Your point of contact for assistance throughout your patients' treatment.

Coverage and reimbursement support

A range of support from OCREVUS Access Solutions to help patients begin treatment as soon as possible.*

Patient financial assistance

Options are available for eligible patients with commercial insurance, public insurance or no insurance,† including the OCREVUS Co-pay Program.‡

+

Additional support to help patients get started on OCREVUS ZUNOVO®

Starter Program

May provide free medicine to eligible patients who are waiting >5 business days for a health insurance coverage determination.§

Injection training

Experiential demonstration of OCREVUS ZUNOVO manual injection for medical staff designed to build familiarity and confidence in appropriate administration.

FDA=US Food and Drug Administration.

*The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and healthcare provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

†Each option has its own eligibility criteria that must be met for patients to receive assistance.

‡Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their Genentech medicine and/or administration of their Genentech medicine. Patients must be taking the Genentech medicine for an FDA-approved indication. Please visit the Co-pay Program website for the full list of terms and conditions.

§Subject to eligibility requirements and terms and conditions. This program is void where prohibited by law and may not be used in or by residents of restricted states, if applicable.

OCREVUS ZUNOVO® IS AN HCP-ADMINISTERED SUBCUTANEOUS INJECTION THAT CAN BE GIVEN IN ~10 MINUTES[1]*

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Key Attributes[1]
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NO reconstitution/dilution
NO IV infusion-specific supplies needed

How has your organization established its protocol for other HCP-administered injections?

How might the OCREVUS ZUNOVO model differ from other HCP-administered subcutaneous injection models at your organization?

INDICATIONS AND IMPORTANT SAFETY INFORMATION

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Indications

OCREVUS and OCREVUS ZUNOVO are indicated for the treatment of:

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
- Primary progressive MS, in adults.

Contraindications

Treatment with ocrelizumab is contraindicated in patients with active hepatitis B virus infection and in patients with a history of life-threatening administration reactions to ocrelizumab. OCREVUS ZUNOVO is also contraindicated in patients with a history of hypersensitivity to ocrelizumab, hyaluronidase, or any component of OCREVUS ZUNOVO.

Warnings and Precautions

Injection Reactions (OCREVUS ZUNOVO) OR Infusion Reactions (OCREVUS)

OCREVUS ZUNOVO can cause injection reactions, which can be local or systemic. Common symptoms of local injection reactions reported by patients treated with OCREVUS ZUNOVO in multiple sclerosis (MS) clinical trials included erythema, pain, swelling, and pruritus. Common symptoms of systemic injection reactions reported by patients included headache and nausea. In an open-label, active-controlled trial, injection reactions were more frequently reported with the first injection; 49% of patients experienced an injection reaction with the first injection.

In OCREVUS MS clinical trials, the incidence of infusion reactions in patients [who received methylprednisolone (or an equivalent steroid) and possibly other pre-medication to reduce the risk of infusion reactions prior to infusion] was 34% to 40%, with the highest incidence with the first infusion. There were no fatal infusion reactions, but 0.3% of intravenous ocrelizumab-treated MS patients experienced infusion reactions that were serious, some requiring hospitalization. Symptoms of infusion reactions can include pruritus, rash, urticaria, erythema, bronchospasm, throat irritation, oropharyngeal pain, dyspnea, pharyngeal or laryngeal edema, flushing, hypotension, pyrexia, fatigue, headache, dizziness, nausea, tachycardia, and anaphylaxis.

Monitor OCREVUS ZUNOVO patients during and after injections. Observe patients treated with OCREVUS for infusion reactions during the infusion and for at least one hour after completion of the infusion. Inform patients that administration reactions can occur during or within 24 hours of treatment.

<u>Reducing the Risk and Managing Injection or Infusion Reactions</u>

For OCREVUS ZUNOVO, administer oral pre-medication (e.g., dexamethasone or an equivalent corticosteroid, and an antihistamine) at least 30 minutes prior to each OCREVUS ZUNOVO injection to reduce the risk of injection reactions. The addition of an antipyretic (e.g., acetaminophen) may also be considered.

For OCREVUS, administer pre-medication (e.g., methylprednisolone or an equivalent corticosteroid, and an antihistamine) to reduce the frequency and severity of infusion reactions. The addition of an antipyretic (e.g., acetaminophen) may also be considered.

Management recommendations depend on the type and severity of the reaction. For life-threatening reactions, immediately and permanently stop OCREVUS ZUNOVO or OCREVUS and administer appropriate supportive treatment. For less severe OCREVUS ZUNOVO injection reactions, the injection should be interrupted immediately, and the patient should receive symptomatic treatment. The injection should be completed at the healthcare provider's discretion and only after all symptoms have resolved. For less severe OCREVUS infusion reactions, management may involve temporarily stopping the infusion, reducing the infusion rate, and/or administering symptomatic treatment.

Infections

Serious, including life-threatening or fatal, bacterial, viral, parasitic and fungal infections have been reported in patients receiving ocrelizumab. An increased risk of infections (including serious and fatal bacterial, fungal, and new or reactivated viral infections) has been observed in patients during and following completion of treatment with anti-CD20 B-cell depleting therapies.

IMPORTANT SAFETY INFORMATION (CONT)

Warnings and Precautions (cont)

Infections (cont)

A higher proportion of OCREVUS-treated patients experienced infections compared to patients taking REBIF or placebo. In RMS trials, 58% of OCREVUS-treated patients experienced one or more infections compared to 52% of REBIF-treated patients. In the PPMS trial, 70% of OCREVUS-treated patients experienced one or more infections compared to 68% of patients on placebo. OCREVUS was not associated with an increased risk of serious infections in MS patients in controlled trials.

Ocrelizumab increases the risk for upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes-related infections. Delay administration of ocrelizumab in patients with an active infection until the infection has resolved.

Respiratory Tract Infections

A higher proportion of OCREVUS-treated patients experienced respiratory tract infections compared to patients taking REBIF or placebo. In RMS trials, 40% of OCREVUS-treated patients experienced upper respiratory tract infections compared to 33% of REBIF-treated patients, and 8% of OCREVUS-treated patients experienced lower respiratory tract infections compared to 5% of REBIF-treated patients. In the PPMS trial, 49% of OCREVUS-treated patients experienced upper respiratory tract infections compared to 43% of patients on placebo, and 10% of OCREVUS-treated patients experienced lower respiratory tract infections compared to 9% of patients on placebo. The infections were predominantly mild to moderate and consisted mostly of upper respiratory tract infections and bronchitis.

Herpes

In active-controlled (RMS) clinical trials, herpes infections were reported more frequently in OCREVUS-treated patients than in REBIF-treated patients, including herpes zoster (2.1% vs. 1.0%), herpes simplex (0.7% vs. 0.1%), oral herpes (3.0% vs. 2.2%), genital herpes (0.1% vs. 0%), and herpes virus infection (0.1% vs. 0%). Infections were predominantly mild to moderate in severity. In the placebo-controlled (PPMS) clinical trial, oral herpes was reported more frequently in the OCREVUS-treated patients than in the patients on placebo (2.7% vs. 0.8%).

Serious cases of infections caused by herpes simplex virus and varicella zoster virus, including central nervous system infections (encephalitis and meningitis), intraocular infections, and disseminated skin and soft tissue infections, have been reported in the postmarketing setting in multiple sclerosis patients receiving ocrelizumab. Serious herpes virus infections may occur at any time during treatment with ocrelizumab. Some cases were life-threatening.

If serious herpes infections occur, treatment with ocrelizumab should be discontinued or withheld until the infection has resolved, and appropriate treatment should be administered.

Hepatitis B Virus Reactivation

Hepatitis B virus (HBV) reactivation has been reported in MS patients treated with ocrelizumab in the postmarketing setting. Fulminant hepatitis, hepatic failure, and death caused by HBV reactivation have occurred in patients treated with anti-CD20 antibodies. Perform HBV screening in all patients before initiation of treatment with ocrelizumab. Do not administer ocrelizumab to patients with active HBV confirmed by positive results for HBsAg and anti-HB tests. For patients who are negative for surface antigen [HBsAg] and positive for HB core antibody [HBcAb+] or are carriers of HBV [HBsAg+], consult liver disease experts before starting and during treatment.

Possible Increased Risk of Immunosuppressant Effects With Other Immunosuppressants

When initiating treatment with ocrelizumab after an immunosuppressive therapy or initiating an immunosuppressive therapy after ocrelizumab-containing products, consider the potential for increased immunosuppressive effect. Treatment with ocrelizumab has not been studied in combination with other MS therapies.

Vaccinations

Administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation of ocrelizumab treatment for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to initiation of ocrelizumab treatment for non-live vaccines. Ocrelizumab may interfere with the effectiveness of non-live vaccines. The safety of immunization with live or live-attenuated vaccines following treatment with ocrelizumab has not been studied, and vaccination with live-attenuated or live vaccines is not recommended during treatment and until B-cell repletion.

IMPORTANT SAFETY INFORMATION (CONT)

Warnings and Precautions (cont)

Vaccinations

Vaccination of Infants Born to Mothers Treated With Ocrelizumab Products During Pregnancy

In infants of mothers exposed to ocrelizumab during pregnancy, do not administer live or live-attenuated vaccines before confirming the recovery of B-cell counts as measured by CD19+ B-cells. Depletion of B-cells in these infants may increase the risks from live or live-attenuated vaccines.

You may administer non-live vaccines, as indicated, prior to recovery from B-cell depletion, but you should consider assessing vaccine immune responses, including consultation with a qualified specialist, to assess whether a protective immune response was mounted.

Progressive Multifocal Leukoencephalopathy

Cases of progressive multifocal leukoencephalopathy (PML) have been reported in patients with MS treated with ocrelizumab in the postmarketing setting. PML is an opportunistic viral infection of the brain caused by the JC virus (JCV) that typically occurs only in patients who are immunocompromised, and that usually leads to death or severe disability. PML has occurred in ocrelizumab-treated patients who had not been treated previously with natalizumab, (which has a known association with PML), were not taking any immunosuppressive or immunomodulatory medications associated with risk of PML prior to or concomitantly with ocrelizumab and did not have any known ongoing systemic medical conditions resulting in compromised immune system function.

JCV infection resulting in PML has also been observed in patients treated with other anti-CD20 antibodies and other MS therapies.

At the first sign or symptom suggestive of PML, withhold treatment with ocrelizumab-containing products and perform an appropriate diagnostic evaluation. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.

Magnetic resonance imaging (MRI) findings may be apparent before clinical signs or symptoms of PML. Monitoring with MRI for signs consistent with PML may be useful, and any suspicious findings should lead to further investigation to allow for an early diagnosis of PML, if present. If PML is confirmed, treatment with ocrelizumab should be discontinued.

Reduction in Immunoglobulins

As expected with any B-cell depleting therapy, decreased immunoglobulin levels are observed with ocrelizumab treatment. The pooled data of OCREVUS clinical studies (RMS and PPMS) and their open-label extensions (up to approximately 7 years of exposure) have shown an association between decreased levels of immunoglobulin G (IgG<LLN) and increased rates of serious infections. Monitor the levels of quantitative serum immunoglobulins during treatment with ocrelizumab and after discontinuation of treatment, until B-cell repletion, and especially in the setting of recurrent serious infections. Consider discontinuing treatment with ocrelizumab in patients with serious opportunistic or recurrent serious infections, and if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.

Malignancies

An increased risk of malignancy with ocrelizumab may exist. In controlled trials, malignancies, including breast cancer, occurred more frequently in OCREVUS-treated patients. Breast cancer occurred in 6 of 781 females treated with OCREVUS and none of 668 females treated with REBIF or placebo. Patients should follow standard breast cancer screening guidelines.

Immune-Mediated Colitis

Immune-mediated colitis, which can present as a severe and acute-onset form of colitis, has been reported in patients receiving ocrelizumab in the postmarketing setting. Some cases of colitis were serious, requiring hospitalization, with a few patients requiring surgical intervention. Systemic corticosteroids were required in many of these patients. The time from treatment initiation to onset of symptoms in these cases ranged from a few weeks to years. Monitor patients for immune-mediated colitis during ocrelizumab treatment and evaluate promptly if signs and symptoms that may indicate immune-mediated colitis, such as new or persistent diarrhea or other gastrointestinal signs and symptoms, occur.

IMPORTANT SAFETY INFORMATION (CONT)

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Liver Injury

Clinically significant liver injury, without findings of viral hepatitis, has been reported in the postmarketing setting in patients treated with anti-CD20 B-cell depleting therapies approved for the treatment of MS, including ocrelizumab. Signs of liver injury, including markedly elevated serum hepatic enzymes with elevated total bilirubin, have occurred from weeks to months after administration.

Patients treated with ocrelizumab found to havean alanine aminotransferase (ALT) or aspartate aminotransferase (AST) greater than 3x the upper limit of normal (ULN) with serum total bilirubin greater than 2x ULN are potentially at risk for severe drug-induced liver injury.

Obtain liver function tests prior to initiating treatment with ocrelizumab, and monitor for signs and symptoms of any hepatic injury during treatment. Measure serum aminotransferases, alkaline phosphatase, and bilirubin levels promptly in patients who report symptoms that may indicate liver injury, including new or worsening fatigue, anorexia, nausea, vomiting, right upper abdominal discomfort, dark urine, or jaundice. If liver injury is present and an alternative etiology is not identified, discontinue ocrelizumab.

Use in Specific Populations

Pregnancy

There are no adequate data on the developmental risk associated with use of ocrelizumab in pregnant women.

There are no data on B-cell levels in human neonates following maternal exposure to ocrelizumab-containing products. However, transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other anti-CD20 antibodies during pregnancy. Ocrelizumab is a humanized monoclonal antibody of an immunoglobulin G1 subtype and immunoglobulins are known to cross the placental barrier.

Lactation

There are no data on the presence of ocrelizumab or hyaluronidase in human milk, the effects on the breastfed infant, or the effects of the drug on milk production. Ocrelizumab was excreted in the milk of ocrelizumab-treated monkeys. Human IgG is excreted in human milk, and the potential for absorption of ocrelizumab to lead to B-cell depletion in the infant is unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ocrelizumab and any potential adverse effects on the breastfed infant from ocrelizumab or from the underlying maternal condition.

Females and Males of Reproductive Potential

Women of childbearing potential should use effective contraception while receiving ocrelizumab and for 6 months after the last dose of ocrelizumab. Instruct patients that if they are pregnant or plan to become pregnant while taking OCREVUS or OCREVUS ZUNOVO, they should inform their healthcare provider.

Most Common Adverse Reactions

In patients treated with OCREVUS:

- **RMS:** The most common adverse reactions (≥10% and >REBIF): upper respiratory tract infections and infusion reactions
- **PPMS:** The most common adverse reactions (≥10% and >placebo): upper respiratory tract infections, infusion reactions, skin infections, and lower respiratory tract infections.

The most common adverse reaction observed with OCREVUS ZUNOVO in patients with RMS and PPMS was injection reactions (incidence of 49%).

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

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.

REFERENCES

1. OCREVUS ZUNOVO. Prescribing Information. Genentech, Inc; 2025.
2. Newsome SD, Krzystanek E, Selmaj K, et al. Subcutaneous ocrelizumab in patients with multiple sclerosis: results of the phase III OCARINA II study. Poster presented at: 39th Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS); October 11-13, 2023; Milan, Italy.
3. OCREVUS. Prescribing Information. Genentech, Inc; 2025.
4. Data on File. Genentech USA, Inc.
5. KESIMPTA. Prescribing Information. Novartis Pharmaceuticals Corporation; 2025.
6. BRIUMVI. Prescribing Information. TG Therapeutics, Inc; 2025.

APPENDIX

HOW HOSPITAL-BASED CLINICS CAN ACQUIRE OCREVUS ZUNOVO®

OCREVUS ZUNOVO™
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Clinic buy and bill	Hospital pharmacy (clear bagging)	External SP (white bagging)
• Clinic buys from distributor and gets reimbursed • Requires substantial effort and setup • Clinic is responsible for the purchase, storage, administration and inventory management of OCREVUS ZUNOVO	• Hospital pharmacy handles procurement and preparation • Clinic bills for administration • Requires relatively less effort	• Accept externally sourced drug for in-clinic administration • Many systems have a “no white bag” policy

SP=specialty pharmacy.

ADMINISTRATION OF SELECT aCD20 TREATMENTS[1,2,5,6]*

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	Year 1		Year 2+	
	Initial Dose(s)	Subsequent Dose(s)	Annual Dosing Administration	Post-Dose Observation
OCREVUS ZUNOVO®	**1 INJECTION** First full dose **~10 minutes HCP administered**	**EVERY 6 MONTHS**	**2X YEARLY BY AN HCP** **~10 minutes**	**DOSE 1: AT LEAST 1 HOUR** **DOSE 2+: At least 15 minutes**
KESIMPTA® (ofatumumab)	**3 ONCE-WEEKLY INJECTIONS** (skip week 4) The first injection of KESIMPTA should be performed under the guidance of an HCP.	**MONTHLY INJECTIONS**	**12X YEARLY BY AN HCP** **~1 minute when ready to inject**	**NO RECOMMENDATION IN THE PRESCRIBING INFORMATION**
BRIUMVI™ (ublituximab-xiiy)	**2 INFUSIONS** **Split first dose** 4 hours (day 1); 1 hour (day 15) HCP administered	**THIRD INFUSION AND BEYOND** **Every 24 weeks**	**2X YEARLY BY AN HCP** **1 hour (every 24 weeks)**	**DOSES 1-2: 1 HOUR** **3+: at HCP's discretion**
OCREVUS® (ocrelizumab) [IV]	**2 INFUSIONS** **Split first dose** ≥2.5 hours HCP administered	**EVERY 6 MONTHS**	**2X YEARLY BY AN HCP** **2 hours or 3.5 to 4 hours†**	**ALL DOSES: 1 HOUR**

This is not a complete list of all FDA-approved treatments for MS. The comparison pertains only to differences in dosing and administration and should not be considered a comparison of efficacy or safety. For Important Safety Information, visit BRIUMVI.com and KESIMPTA.com.

MS=multiple sclerosis.
*Does not include all aspects of the treatment. Actual injection/infusion time may vary. Treatment time may take longer if the treatment is interrupted.
†Shorter 2-hour infusion is available after the initial dose for patients who have not experienced serious infusion reactions with any previous OCREVUS [IV] infusion.

ADDITIONAL RESOURCES

OCREVUS ZUNOVO™
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Access and reimbursement

OCREVUS® and OCREVUS ZUNOVO® Access and Reimbursement Guide

This resource provides details about the various programs and services Genentech offers to help patients access OCREVUS and OCREVUS ZUNOVO after they have been prescribed.

Example Coding and Billing for OCREVUS and OCREVUS ZUNOVO

This example coding information may assist you as you complete the payer forms for OCREVUS and OCREVUS ZUNOVO.

Logistics

Incorporating OCREVUS ZUNOVO Into Your Practice Workflow

This brochure reviews some of the unique considerations to keep in mind once your organization has decided to begin prescribing OCREVUS ZUNOVO for your patients.

Dosing and administration

Dosing and Administration Guide

Find detailed information about dosing and administering OCREVUS and OCREVUS ZUNOVO, from pre- to post-infusion/injection including safety outcomes.

Helpful videos

How to Administer OCREVUS ZUNOVO

This video provides guidance for health care professionals on how to prepare and administer OCREVUS ZUNOVO.

What Does an Injection Appointment Look Like?

This video describes what your patient can expect when they get an OCREVUS ZUNOVO injection.