

# Ocrevus

(Ocrelizumab)



Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order:**

Patient Demographics, Most Recent Office Visit Note, Insurance Information, Negative Hep B Result

## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal ☐ Home Infusion

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required): ☐ G35 ICD Description: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NURSING

- ☒ Center will use Hypersensitivity protocol established by Infusion for Health and PI
- ☒ Negative Hepatitis B Test (list results/date & attach clinicals):  
\_\_\_\_\_

*Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Ocrevus induction.*

- ☐ I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals)  
\_\_\_\_\_

## PRE-MEDICATION ORDERS

*It is recommended to pre-medicate with Methylprednisolone or an equivalent corticosteroid and an antihistamine (e.g. Diphenhydramine) approximately 30-60 minutes prior to each infusion.*

- ☐ Diphenhydramine ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
  - ☐ Acetaminophen ☐ 325mg / ☐ 500mg / ☐ 650mg PO
  - ☐ Methylprednisolone ☐ 40mg / ☐ 125mg IV
  - ☐ Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

## LABORATORY ORDERS

- ☒ Quantitative Serum Immunoglobulin ☐ every \_\_\_\_\_
- ☐ CMP ☐ at each dose ☐ every \_\_\_\_\_
- ☐ Other: \_\_\_\_\_ ☐ Frequency: \_\_\_\_\_
- ☐ Urine Pregnancy ☐ at each dose ☐ every \_\_\_\_\_
- ☐ Please check this box if you DO NOT authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

## THERAPY ADMINISTRATION

- ☒ Ocrevus Intravenous infusion
- ☐ Loading:  
Dose: 300mg in 250mL 0.9% Sodium Chloride  
☐ Frequency: on Day 1 and Day 15
- ☐ Maintenance:  
Dose: 600mg in 500mL 0.9% Sodium Chloride  
☐ Frequency: 6 months from Day 1 Loading Dose and every 6 months thereafter
- ☐ Monitor patient for one hour after completion of infusion
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

*To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, I4H is authorized to administer a generic or biosimilar.*

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

- ☐ Please check this box if you DO NOT authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.