

# Ocrevus

(ocrelizumab)



## PATIENT DEMOGRAPHIC INFORMATION

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Allergies See List NKDA City, State, Zip: \_\_\_\_\_

Weight: \_\_\_\_\_ kg lbs Height: \_\_\_\_\_ in cm Email: \_\_\_\_\_

## PRIMARY DIAGNOSIS

G35.A (RRMS) G35.B0 (PPMS-NOS) G35.B1 (Active PPMS) G35-B2 (Non-active PPMS)  
G35.C0 (SPMS-NOS) G35.C1(Active SPMS) G35.C2 (Non-Active SPMS) G35.D (MS-NOS)

## PRESCRIPTION

### Ocrevus (ocrelizumab)

Initial Dose: Ocrevus 300mg IV on Day 1 & Day 15, then 600mg IV every 6 months after initial dose

Maintenance Dose: Ocrevus 600mg IV every 6 months

Other: \_\_\_\_\_

Has patient received any doses of this medication in the past? Yes No

Refill x 12 months unless otherwise noted: \_\_\_\_\_

## REQUIRED DOCUMENTATION

- Insurance Card
- Medication List
- H&P
- Most recent labs
- Patient Demographics
- MRI Results
- Negative Hep B
- Immunoglobulin Panel

## ANCILLARY ORDERS

### ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Advanced Infusion Care Centers' protocol. (See [aiscaregroup.com](http://aiscaregroup.com) for detailed policy)

Other: Please fax other reaction orders if checking this box

### PRE-MEDICATION ORDERS PROTOCOL

Per infusion center protocol: Acetaminophen 650mg PO, Diphenhydramine 25mg IV, Methylprednisolone 100mg IV 30 minutes prior to start of infusion

Provider Prescribed: \_\_\_\_\_

### LINE CARE ORDERS

Start PIV/Access CVC Flush device per Advanced Infusion Care Centers' protocol (See [aiscaregroup.com](http://aiscaregroup.com) for detailed policy)

Other Flush Orders: Please fax other line care orders if checking this box

### LAB ORDERS—PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_

## PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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