

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 | • Negative Hep B |
| • H&P | • Most recent labs | • Immunoglobulin Panel |
| • Patient Demographics | • MRI Results | |

ANCILLARY ORDERS

ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Advanced Infusion Care Centers' protocol. (See aiscargroup.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 aiscargroup.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.