

Ocrelizumab (Ocrevus)

Provider Order Form rev. 01/02/2024

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____

Patient Address: _____ Patient Email: _____

Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____

Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS (Please provide ICD-10 code in space provided)

Multiple Sclerosis: RRMS PPMS SPMS

Other: _____ Description: _____

THERAPY ADMINISTRATION & DOSING

- Induction: Administer Ocrevus 300 mg IV in 250 ml 0.9% normal saline on Week 0 and Week 2 followed by 600mg IV in 500 ml 0.9% normal saline 6 months after initial dose
- Maintenance: Administer Ocrevus 600 mg IV in 500 ml 0.9% normal saline every 6 months
- Observe patient for hypersensitivity reaction for a period of 60 minutes following each infusion.

ADDITIONAL ORDERS

PRE-MEDICATION ORDERS

- Tylenol 500mg
- Loratadine 10mg PO
- Pepcid 20mg PO / IVP
- Benadryl 25mg / 50mg PO / IVP
- Solumedrol 125mg IVP
- Other: _____

NURSING

- Must have negative hepatitis B and TB test prior to start
- Hold infusion and notify provider for:
 - Signs/symptoms of infection or planned/recent surgery.
 - recent live vaccines
 - pregnancy or neurological symptoms.
- Monitor vital signs with every rate change, then every 30 minutes and prior to discharge.
- Patients on maintenance dosing who have not experienced a serious infusion reaction with any previous Ocrevus infusion may be eligible for an increased infusion rate. Reference quick notes for specifics on eligibility and dosing rate table.
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications, MRI results, Lesion number

Required Labs: Negative Hepatitis B

Provider Name (print)

Provider Signature

Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.