

Ocrelizumab (Ocrevus)

Provider Order Form rev. 12/23/2021



PATIENT INFORMATION

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight lbs/kg: _____

Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

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

ICD-10 CODE

- MS- G35 Primary progressive
- MS- G35.1 Relapsing-remitting
- MS- G35 Secondary progressive

SPECIAL INSTRUCTIONS

MEDICATION ORDER

- Ocrelizumab** (Ocrevus) intravenous infusion
 - Induction:
 - Dose: 300mg in 250ml 0.9% sodium chloride
 - Frequency: on Day 1 and Day 15
 - Rate: Start at 30ml/hr, increasing by 30ml/hr every 30 minutes to a maximum rate of 180ml/hr
 - Duration should be at least 2.5 hours
 - After induction, continue with maintenance dosing below
 - Maintenance:
 - Dose: 600mg in 500ml 0.9% sodium chloride
 - Frequency: every 6 months from infusion 1 of initial dose
 - Rate: Choose one:
 - Infuse over 3.5 hours (Start at 40ml/hr, increase by 40ml/hr every 30 minutes, max 200ml/hr)
 - Infuse over 2 hours (Start at 100ml/hr x15 min, 200ml/hr x15 min, 250ml/hr x30 min, 300ml/hr until completion)
- NOTE:** If rate not indicated and no prior serious infusion reaction with previous infusion, will infuse over 2 hours
- Flush with 0.9% sodium chloride at the completion of infusion
 - Patient required to stay for 60-min observation post infusion
 - Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

Provider Name (Print) _____ Provider Signature _____ Date _____

REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- ANA (SLE)
- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months