



Ocrelizumab (Ocrevus) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

Patient Demographics Information

| | | | |
|--------------------------------------|----------------|--------------------------------|-----|
| Patient Name | | SSN# | DOB |
| Patient Address | | | |
| Primary Phone | Cellular Phone | Work Phone | |
| Emergency Contact Name, Relationship | | Emergency Contact Phone Number | |

Additional Documentation Needed

- Copy of insurance cards
- Patient face sheet w/demographics
- History and Physical
- CBC w/diff, BMP, & CMP
- Recent vitals including blood pressure
- Screening for HBV infection

Patient Insurance Information

| | | | |
|--------------------------|----------|--------------------------|----------|
| Insurance Plan #1 | | Insurance Plan #2 | |
| Plan Address | | Plan Address | |
| Plan Phone & Fax Numbers | | Plan Phone & Fax Numbers | |
| Subscriber Name | DOB | Subscriber Name | DOB |
| Policy Number | Group ID | Policy Number | Group ID |

Patient Clinical Information

| | | | |
|---|-----------------|--------------|-----------------------|
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Height (inches) | Weight (lbs) | Allergies (food/drug) |
|---|-----------------|--------------|-----------------------|

Statement of Medical Necessity / Primary Diagnosis

| | |
|--------|---------------------------|
| ICD10: | Description of diagnosis: |
|--------|---------------------------|

Medication Information / Prescription and Orders

| | | |
|---|--|--|
| Medication: Ocrevus | Directions: Infuse IV per manufacturer guidelines OR over _____ hours. Titration rate according to package insert. | *If subsequent treatment cycles only Date of last infusion: |
| <input type="checkbox"/> Initial treatment cycle 300 mg IV day 1, 14 day drug-free period, 300 mg IV day 15, #2 doses, refill 0 <input type="checkbox"/> Subsequent treatment cycles 600 mg IV every 6 months, #1 dose, refill x12mos OR <input type="checkbox"/> other _____ | | Next dose due: |

Premedications

- RN to start peripheral IV or use existing CVC. RN to administer catheter flushing 2-10 mL IV as needed for infusion and line maintenance.
 - 0.9% Sodium Chloride
 - Heparin 10 units/ml
 - Heparin 100 units/ml
 - 0.9% Sodium Chloride Sterile (port)
- Give premedication 30 minutes prior to infusion (generics will be dispensed)
 - Diphenhydramine: 25-50 mg po #QS
 - Methylprednisolone: 125 mg slow IV push over 5 minutes #QS
 - Acetaminophen: 325-650 mg po **OR** _____ mg po #QS
- EMLA cream (Lidocaine 2.5% and Prilocaine 2.5%) topically #QS: apply to IV site prior to access PRN for pain upon needle insertion.
- 0.9% NS 500 mL - 1000 mL IV #QS over 1-2 hours as tolerated daily PRN for hydration.
- RN to instruct patient to hydrate pre/post infusion.
- Other (Physician to specify):

Quantity/Refills

Dispense:
quantity #QS + PRN refills
unless otherwise noted
 Other

Adverse Reaction Orders

- In the event of an infusion reaction (ie: fever, chills, rigors, pruritis, hemodynamic changes) the following orders will be followed and physician will be notified.
- Mild reaction: Pause infusion for 10 minutes, resume infusion at a minimum 50% reduction in rate after symptoms have resolved.
 - Moderate reaction: Pause infusion, administer Diphenhydramine 25 mg IV; administer Sodium Chloride 0.9% 500mL IV bolus. If symptoms persist, administer remaining Diphenhydramine 25 mg IV. Administer Diphenhydramine IM if no IV access. Notify Pharmacist. #QS
 - Severe reaction (w/breathing problems): CALL 911, administer Epinephrine 0.3 mg IM; administer Diphenhydramine 50mg IV x 1 dose; administer Sodium Chloride 0.9% 500mL IV bolus. Administer Diphenhydramine IM if no IV access. #QS

Prescriber Information

| | | | |
|---|-----------|----------------|--|
| Physician Name | | Office Contact | |
| Practice Address | | Practice Phone | |
| NPI# | License # | DEA# | |
| Physician Signature Required - Substitution Permitted | | Date | Physician Signature Required - Dispense as Written |
| | | | Date |