

# Ocrelizumab (Ocrevus) Patient Referral Form

## 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)
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## Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:
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## Medication Information / Prescription and Orders

<b>Medication:</b> Ocrevus	<b>Directions:</b> Infuse IV per manufacturer guidelines <b>OR</b> 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 <b>OR</b> <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

## Labs:

## Frequency of Labs:

## 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	