

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		
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

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

Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:
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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: Next dose due:
<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 _____		

Line Access

- RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications as directed.
- Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 0.9% IV before and after medication administration or every 24 hours while IV access in place.
 - Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access.
 - Heparin Lock 100U/mL 5 mL Flush: Lock with 5 mL heparin 100U/mL after each use or daily while port accessed.

Quantity/Refills

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

Premedications

- Give premedication 30 minutes prior to infusion (*generics will be dispensed*)
 - Diphenhydramine: 25-50 mg PO
 - Methylprednisolone: 125 mg slow IV push over 5 minutes
 - Acetaminophen: 325-650 mg PO **OR** _____ mg PO
- EMLA topical cream (Lidocaine 2.5% and Prilocaine 2.5%): apply to IV site prior to access PRN for pain upon needle insertion.
- Sodium Chloride 0.9% 500 mL - 1000 mL IV over 1-2 hours as tolerated daily PRN for hydration.
- RN to instruct patient to hydrate pre/post infusion.
- Other (Physician to specify):

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.
 - 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.

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