

Ocrevus (Ocrelizumab)

Provider Order Form rev. 4/10/2022

PATIENT INFORMATION

Referral Status (check one): New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight _____ Please specify: lbs kg Height: _____

Patient Status (check one): New to Therapy Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

- Provide nursing care per AdaptIV Infusion Nursing Procedures, including reaction management and post-procedure observation
- Hepatitis B status & date (list results here & attach clinicals): _____

Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Ocrevus induction.

- I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals): _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg | 650mg | 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg | 50mg | PO | IV
- famotidine (Pepcid) 20mg PO
- methylprednisolone (Solu-Medrol) 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____

Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

- 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 x 15 min, 200ml/hr x 15 min, 250ml/hr x 30 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)

SPECIAL INSTRUCTIONS

- * Hepatitis B virus and quantitative serum immunoglobulin screening are required before the first dose.
- * Pre-medicate with methylprednisolone (or an equivalent corticosteroid) and an antihistamine (e.g., diphenhydramine) prior to each infusion.
- * Monitor patients closely during and for at least one hour after infusion.

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

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

Provider Name (Print)

Provider Signature

Date