


# OCREVUS® (OCRELIZUMAB) PRESCRIBER ORDER FORM

Fax completed form, insurance information, and clinical documentation to:

|   |                            |                             |   |                      |
|---|----------------------------|-----------------------------|---|----------------------|
|  | <b>Patient Name:</b> _____ | <b>Date of Birth:</b> _____ |   |                      |
|   | <b>Address:</b> _____      |                             |   |                      |
|   | <b>Phone:</b> _____        | <b>Height:</b> _____        | <input type="checkbox"/> inches <input type="checkbox"/> cm | <b>Weight:</b> _____ |

## Clinical Information

|   |                           |
|---|---------------------------|
| <b>Primary Diagnosis Description:</b> _____ | <b>ICD-10 Code:</b> _____ |
|---|---------------------------|

|  |   |                          |
|--|---|--------------------------|
| <b>Quantitative Serum IG Levels:</b> _____ | <b>Hepatitis B Status:</b> _____                                    | <b>Titer Date:</b> _____ |
|  | <input type="checkbox"/> Positive <input type="checkbox"/> Negative |                          |

## Ocrevus® (Ocrelizumab) Prescription

**Initial Dose:**  Infuse 300 mg IV over at least 2.5 hours on Week 0 and 2.  
 Other: \_\_\_\_\_

**Maintenance Dose:**  Infuse 600 mg IV over at least 2 hours every 6 months. Refill as directed x 1 year.  
 Infuse 600 mg IV over at least 3.5 hours every 6 months. Refill as directed x 1 year.  
 Other: \_\_\_\_\_

If planned maintenance dose is missed, administer dose ASAP and reset dosing schedule to six months after the missed dose was administered. Maintenance doses must be separated by at least 5 months.

## Ancillary Orders

### Anaphylaxis Kit

- Epinephrine 0.3 mg SQ or IM x 1 dose & repeat x 1 in 5 to 15 min PRN.
- Diphenhydramine 25mg IV or IM; may repeat x 1 dose in 15 min PRN if no improvement.
- Normal Saline 500ml IV at KVO rate PRN anaphylaxis or over 2 to 4 hours PRN headache rated >5 on pain scale.

### Medication Orders

- Methylprednisolone sodium succinate \_\_\_\_\_ mg IV 30 min prior to infusion.
- Diphenhydramine \_\_\_\_\_ mg PO 30 min before infusion.
- Acetaminophen \_\_\_\_\_ mg PO 30 min before infusion. Patient may decline.
- Other: \_\_\_\_\_

### IV Flush Orders

- Peripheral: NS 2 to 3 mL pre-/post-use.
- Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

### Lab Orders

- No labs ordered at this time.
- Quantitative serum IG level every 6 months to be drawn at maintenance dose infusion visit.
- Other: \_\_\_\_\_

Skilled nurse to assess and administer and/or teach self-administration where appropriate via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

*I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.*

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Prescriber Information

|                               |                     |                              |
|-------------------------------|---------------------|------------------------------|
| <b>Prescriber Name:</b> _____ | <b>Phone:</b> _____ | <b>Fax:</b> _____            |
| <b>Address:</b> _____         | <b>NPI:</b> _____   |                              |
| <b>City, State:</b> _____     | <b>Zip:</b> _____   | <b>Office Contact:</b> _____ |

**CONFIDENTIAL HEALTH INFORMATION:** Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.