

Ocrelizumab (Ocrevus®)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVE Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ Patient Address: _____ Patient Phone Number: _____ Date of Birth: ____/____/____ Weight: ____ kg Height: ____ cm Allergies: _____		Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____	
Diagnosis Diagnosis Code (ICD-10): _____ Indication: _____ Target start date: _____		Labs No labs required. Labs to be ordered by physician. <input type="checkbox"/> Other: _____	
Date of negative Tuberculosis Screen: _____ Date of Negative Hepatitis Screen: _____			
Hold and notify provider: Patient has signs/symptoms of an active infection.			
Ocrelizumab (Ocrevus®) <input type="checkbox"/> Induction: 300 mg IVPB in 250 mL 0.9% sodium chloride on day 1 and 15 <input type="checkbox"/> Maintenance: 600 mg IVPB in 500 mL 0.9% sodium chloride every 6 months (26 weeks), beginning 6 months after the first 300 mg dose Nursing Note: Observe patient for 1 hour following completion of each infusion. Administer through a dedicated IV line using a 0.2 or 0.22 micron in-line filter			
Pre-Medications and Pre-Protocol (ordered at physician discretion)	Acetaminophen 650 mg PO prior to ocrelizumab Loratadine 10 mg PO once Diphenhydramine 30-60 minutes prior to ocrelizumab 25 mg 50 mg PO IV Famotidine 20 mg IV once Hydrocortisone 100 mg IV once Methylprednisolone 100 mg IVP 30-60 minutes prior to ocrelizumab Other: _____	Hydration <input type="checkbox"/> LR <input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> Other _____ _____ mL at _____ mL/hr <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following	

Flushing Protocol <i>as needed for line care</i>	<input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL	<input type="checkbox"/> Heparin 100 Units/mL <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL						
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> • Sodium chloride 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • Acetaminophen 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • Albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • Albuterol HFA inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • Epinephrine injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • Famotidine injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Diphenhydramine injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • Diphenhydramine injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Hydrocortisone sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure 							
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Provider Name: _____</td> <td style="width: 50%;">Provider Signature: _____</td> </tr> <tr> <td>Attending Physician Name: _____</td> <td>Provider NPI: _____</td> </tr> <tr> <td>Office Phone Number: _____</td> <td>Office Fax Number: _____</td> </tr> </table> <p><i>Note: This order is valid for 12 months from date of physician signature.</i></p>			Provider Name: _____	Provider Signature: _____	Attending Physician Name: _____	Provider NPI: _____	Office Phone Number: _____	Office Fax Number: _____
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