

# Ocrelizumab (Ocrevus)



Provider Order Form rev. 9/30/2021

## PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Next Due Date (if applicable):	

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation  
**NOTE:** IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 09.07.2021)
- 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):  
\_\_\_\_\_
- I instruct IVX Health to draw quantitative serum immunoglobulin prior to first induction infusion (if required by payor).

## 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: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

## 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 x15 min, 200ml/hr x15 min, 250ml/hr x30 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)

\*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 Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Email [ivxintake@ivxhealth.com](mailto:ivxintake@ivxhealth.com) or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> BAY AREA: 844-899-0275   | <input type="checkbox"/> COLUMBUS: 844-627-2675     | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> WEST TN: 888-615-1445   |
| <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> HARRISBURG: 844-859-4235   | <input type="checkbox"/> KANSAS CITY: 844-900-1292  | <input type="checkbox"/> TAMPA: 844-946-0849        | <input type="checkbox"/> MIDDLE TN: 888-615-1445 |
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