

Provider Order Form

PATIENT INFORMATION

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

PROVIDER INFORMATION

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

NURSING

- Provide nursing care per IVX Standard Nursing Procedures, including reaction management & post-infusion 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):

- I instruct IVX Health to draw quantitative serum immunoglobulin prior to first induction infusion (if required by payor)

RECOMMENDED PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- methylprednisolone (Solu-Medrol) 125mg IV

PRE-MEDICATION ORDERS

- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- famotidine (Pepcid) 20mg PO
- 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 remainder of infusion)

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.

Ordering Provider: Initial here _____ and proceed to the next page.

ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.
- If reaction occurs:
 - If indicated, stop infusion.
 - Maintain/establish vascular access.
 - IVX Health clinicians have the following PRN medications available for the following reactions.
 - Headache, pain, fever >100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
 - Rhinitis, allergies, hives, pruritis and other nonspecific symptoms of allergic reaction - Loratadine 10mg PO or Diphenhydramine 25-50mg PO or IV
 - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
 - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
 - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 500ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
 - Hypertension (>30 mmHg increase from baseline or >180 mmHg SBP): Clonidine 0.1mg and wait 45 minutes, may administer Amlodipine 5mg if hypertension persists
 - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
 - Famotidine 20mg IV- Refractory to other treatments given
 - Solumedrol 125mg IV- Refractory to other treatments given.
 - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
 - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
- Severe allergic/anaphylactic reaction:**
 - If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension).
 - Call 911.
 - Initiate basic life support as needed.
 - Bring the **AED** to the patient (Attach pads if indicated).
 - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
 - Place patient in recumbent position, elevate lower extremities.
 - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
 - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
 - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
 - Administer **methylprednisolone** 125mg IVP, if not previously given.
 - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
 - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

Patient Name

Patient Date of Birth

Provider Name (Print)

Provider Signature

Date

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

TAMPA: 844-946-0849 ___ Brandon ___ Carrollwood ___ Wesley Chapel ___ St. Pete's	ORLANDO: 844-946-0867 ___ Altamonte Springs ___ Waterford Lakes ___ Ocoee
PHILADELPHIA: 844-820-9641 ___ Malvern ___ Bensalem ___ Montgomeryville	HARRISBURG: 844-859-4235 ___ East Shore ___ West Shore
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Precision is now a part of IVX Health. To refer to a Precision center, fax to 888-615-1445: ___ Donelson ___ Cool Springs
___ Clarksville ___ Murfreesboro ___ Knoxville ___ Chattanooga ___ Morristown ___ Collierville ___ Jackson ___ Memphis ___ Lowell, AR