



Ocrevus

Provider Order Form

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell Phone: _____ Patient Email: _____

Emergency/Alternate Contact Name: _____ Emergency/Alternate Contact Phone: _____

NKDA Allergies: _____ Weight lbs/kg: _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Therapy Change Last infusion date (if applicable): _____

REQUIRED DOCUMENTATION

Labs (Hep B and Serum Immunoglobulins) Insurance Card (front and back) Current Medications History/Progress Notes

Multiple Sclerosis Type Relapsing-Remitting MS (RRMS) Primary-Progressive MS (PPMS) Secondary-Progressive MS (SPMS)

Progressive-Relapsing MS (PRMS) Clinically Isolated Syndrome (CIS)

ICD-10 CODE

G35.A Relapsing-remitting multiple sclerosis G35.B0 Primary progressive multiple sclerosis, unspecified

G35.B1 Active primary progressive multiple sclerosis G35.B2 Non-active primary progressive multiple sclerosis

G35.C0 Secondary progressive multiple sclerosis, unspecified G35.C1 Active secondary progressive multiple sclerosis

G35.C2 Non-active secondary progressive multiple sclerosis G35.D Multiple sclerosis, unspecified

Other: _____

PRE-MEDICATION ORDER

acetaminophen (Tylenol) 1000mg PO diphenhydramine (Benadryl) 50mg IV

methylprednisolone (Solu-Medrol) 100mg IV

Other: _____

Customized Pre-Medication Order

Drug: _____

Dose: _____ Route: _____ Frequency: _____

MEDICATION ORDER

Ocrevus (ocrelizumab) **Dose and Frequency:**

Induction: 300mg IV on day 1 and day 15

Maintenance: 600mg IV every 6 months (starting 6 months from the first infusion date)

PROVIDER INFORMATION

Provider Name: _____ Provider Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

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

SPECIAL INSTRUCTIONS

 Provider Name Provider Signature Date Check here if this is a stat order

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.