

# OCREVUS

Please include the following to expedite the order:  
Patient Demographics, Insurance Information, Labs

## PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F ☐ Other \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## PRESCRIBER

Name: \_\_\_\_\_ DEA: \_\_\_\_\_ NPI: \_\_\_\_\_ State License: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CLINICAL

Diagnosis: ☐ G35.A (Relapsing-Remitting Multiple Sclerosis) ☐ G35.B1 (Active Primary Progressive MS)  
☐ G35.C1 (Active Secondary Progressive MS) ☐ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ kg ☐ lbs Height: \_\_\_\_\_ ☐ cm ☐ in

Active Infection Present: ☐ Yes ☐ No HBV: ☐ Yes ☐ No If yes, treated: ☐ Yes ☐ No

CBC Completed: ☐ Yes ☐ No CMP/LFTs Completed: ☐ Yes ☐ No Ig Panel Completed: ☐ Yes ☐ No

## TREATMENT

### OCREVUS (ocrelizumab)

Route: Intravenous infusion

Dose: ☐ 300mg ☐ 600mg

Frequency:

- ☐ Induction: Day 1: 300mg IV  
Day 15: 300mg IV  
☐ Maintenance: 600mg IV every 6 months  
☐ Observe patient for 1 hour post infusion

Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

### Premedication Protocol:

- ☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV  
☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO  
☐ Methylprednisolone: ☐ 40mg ☐ 125mg IV  
☐ Other: \_\_\_\_\_

Sig: \_\_\_\_\_

☒ Center will use anaphylactic and hypersensitivity protocol established by Cure Stat Infusion Services.

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_