



Ocrevus Referral Form

Infusion Pharmacy

Phone:

Fax:

✂ Please detach before submitting to a pharmacy – tear here.

PATIENT INFORMATION

Acute Care Specialist	Name:	Phone:
Patient	see attached	Gender: Male Female
Patient name:	DOB:	SSN:
Address:	City:	
State:	Zip:	Phone: Cell:
Emergency contact:	Phone:	Relationship:
Insurance	Front and back of insurance card to follow	
Primary Insurance:	Phone:	Policy #: Group:
Secondary Insurance:	Phone:	Policy #: Group:
Primary diagnosis		
Relapsing Forms of Multiple Sclerosis (MS):	Isolated Syndrome	Relapsing Remitting Active Secondary Progressive
Primary Progressive		
Medical assessment	Height:	Weight: lbs kg
Current medications?	Yes No	If yes, list or attach:
Allergies:		

PRESCRIPTION ORDERS Ocrevus, x1 year infused per PI recommended rate and via rate controlled device per therapy

Initial Dose 1: 300mg in 0.9% Sodium Chloride 250mL IV Date needed:
 Initial Dose 2: 300mg in 0.9% Sodium Chloride 250mL IV Date needed:
 Subsequent Doses: 600mg in 0.9% Sodium Chloride 500mL IV once every 6 months.Date Needed:

Pre-medications, x1 year Administer 30 minutes prior to infusion
 Methylprednisolone 100 mg (or an equivalent corticosteroid) administered intravenously
 Acetaminophen PO 325 mg 650 mg mg | DiphenhydrAMINE PO 25 mg 50 mg mg
 Other:

Nursing Orders, x1 year Nursing to administer prescribed medication and establish and/or maintain IV access. IV access to be flushed by nurse:
 • Sodium Chloride 0.9%: 5mLs pre-infusion and 5mLs post infusion
 • If port access: Sodium Chloride 0.9%, 10mLs pre-infusion and 10mLs post-infusion followed by Heparin 100 units/mL, 5mLs as final lock for patency

Pharmacy Orders, x1 year
 Pharmacy to dispense flushes, needles, syringes and HME/DME quantity sufficient to complete therapy as prescribed

Anaphylaxis Kit Order Infusion Reaction Management x1 year

Mild	<ul style="list-style-type: none"> Slow infusion rate by 50% until symptoms resolve. Resume at previous rate as tolerated. <input checked="" type="checkbox"/> DiphenhydrAMINE PO 25mg 50mg mg Dispense diphenhydrAMINE 25mg capsules x 4
Moderate	<ul style="list-style-type: none"> Stop Infusion, resume at 50% rate when symptoms resolve <input checked="" type="checkbox"/> DiphenhydrAMINE IV 25mg 50mg mg Dispense diphenhydrAMINE 50mg vial x 1
Severe (Anaphylaxis)	<ul style="list-style-type: none"> Stop infusion and remove tubing from access device to prevent further administration Initiate 0.9% NaCl 500mL/hr IV OR mL/hr Administer EPINEPHrine 1mg/mL by weight (Wt.) as an IM injection into the lateral thigh

Call 911
 Wt > 66lbs (30kg) Wt 33 to 66 lbs (15 to 30kg) Wt < 33lbs (15kg)
 0.3mg/0.3mL 0.15mg/0.15mL 0.01mg/kg

Notify prescribing physician
 • Repeat EPINEPHrine in 5 to 15 minutes if symptoms persist • Administer CPR if needed until EMS arrives
 Dispense 0.9% NaCl 500mL x1 Dispense EPINEPHrine 1 mg vial x 2
 Other medication:

PHYSICIAN INFORMATION

Name:	Practice:
Address:	City: State: Zip:
Phone: Fax: NPI: Contact:	

By signing, I certify/recertify that the above therapy, products and services are medically necessary and that this patient is under my care. I have received authorization to release the above referenced information and medical and/or patient information relating to this therapy. Pharmacy has my permission to contact the insurance company on my behalf to obtain authorization for patient.

Please fax: Completed form Demographic sheet/insurance information Clinical notes and lab Hepatitis B Screening

Substitution permissible Signature: Date: Dispense as written Signature: