

PRESCRIPTION ORDER FORM

OCREVUS
(ocrelizumab)



215 Pleasant Street, 5th Floor, Fall River, MA 02721
Phone: (508) 567-5666 | Fax: (508) 567-5614

PATIENT DEMOGRAPHICS

Form with fields for Patient Name, Date of Birth, Allergies, Weight, Patient's Phone Number, Address, City, State, Zip, and Patient's Email.

REQUIRED DOCUMENTATION

- List of required documents: Insurance Card, MRI Results, History & Physical, Negative Hep B, Patient Demographics, Immunoglobulins Panel, Most Recent Labs, TB Test, Medication List.

PRIMARY DIAGNOSIS

Form for primary diagnosis with checkboxes for G35 Multiple sclerosis (RRMS, SPMS, PPMS, PRMS, CIS) and an 'Other' field.

LAB ORDERS: PLEASE INCLUDE FREQUENCY

Form for lab orders with checkboxes for CBC w/diff & ANC, LFT's at month 2 then every 3 months after, and an 'Other' field.

PRE-MEDICATIONS (15-20 MINS BEFORE INFUSION)

Form for pre-medications with checkboxes for Diphenhydramine, Cetirizine, Pepcid, Solu-Medrol, Solu-Cortef, Tylenol, and an 'Other' field.

PRIMARY MEDICATION ORDER

Form for primary medication order with checkboxes for Ocrevus 300mg IV, Ocrevus 600mg IV, and an 'Other' field. Includes 'First Dose' options (Y, N, Refill).

LINE USE/CARE ORDERS

Form for line use/care orders with checkboxes for Start PIV/ACCESS CVC, Flush device per Suite Life Health's protocol, and Other Flush Orders.

ADVERSE REACTION & ANAPHYLAXIS ORDERS

Form for adverse reaction & anaphylaxis orders with checkboxes for Administer acute infusion and anaphylaxis medications per Suite Life Health's protocol and Other: Please fax other reaction orders if checking this box.

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Form for provider information with fields for Provider Name, Address, City, State, Zip, NPI AND License, Office Contact, Phone, Fax, and Email.

Provider Signature

Date

