

MRN: _____

DOB: _____

STANDARD OCREVUS™ (ocrelizumab) PLAN OF TREATMENT

NOTE: Patient may be ineligible to receive ocrelizumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new-onset or deterioration neurological changes, and/or surgery.

1. Patient Name: _____ Height (inches): _____ Weight (lbs): _____

2. Allergies: _____

3. Diagnosis: G35 Relapsing Remitting Multiple Sclerosis G35 Primary Progressive Multiple Sclerosis

Other ICD-10 Code: _____ Diagnosis description: _____

4. Pre-medications: Administered 30 minutes prior to infusion ***as selected:***

** Premedication of Acetaminophen PO, Diphenhydramine IVP, and Methylprednisolone IVP is suggested prior to infusion*

Acetaminophen:

- 650 mg PO
- 500 mg PO
- 325 mg PO
- 1000 mg PO

Diphenhydramine: 25 mg IVP, 50mg IVP, 25 mg PO, 50mg PO or

Alternate oral antihistamine to diphenhydramine:

- Cetirizine 10 mg Loratadine 10 mg Fexofenadine 60mgs or 180mgs

Methylprednisolone: 125 mg IVP 40 mg IVP or other _____ mg IVP

Famotidine: 20mg PO, 40mg PO, 20mg IVP, 40mg IVP

Pre-medicate with other: _____

5. Orders:

OCREVUS™ (ocrelizumab) IV as directed to infuse per protocol via pump with 0.22-micron filter, following each infusion with a (1) one-hour post observation period.

6. Frequency:

- Induction dose: 300 mg IV in 250ml Sodium Chloride 0.9% to be infused over 2.5 hours at 0 week and 2 weeks
- Maintenance dosing: 600 mg IV in 500ml Sodium Chloride 0.9% **every 6 months (24weeks)**

Please select one of the infusion timeframes below:

- Infuse maintenance dose over 2 hours
- Infuse maintenance dose over 3.5 - 4 hours

*Maintenance dosing is scheduled 6 months from initial 0-week dosing.

Refills=1 year

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

7. Physician's Signature: _____ / _____ Date: _____

No Stamp Signatures

(Dispense as written)

(Substitution permitted)

Printed Physician's Name with Credentials: _____ NPI: _____

MRN: _____

DOB: _____

Guidelines for Prescribing OCREVUS™ (ocrelizumab)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

___ Include signed and completed **Plan of Treatment**.

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

- OCREVUS™ is indicated for the treatment of adult patients with relapsing or primary progressive forms of multiple sclerosis.

___ If patient is switching biological therapies, then MD must specify wash-out period prior to starting **OCREVUS™** as specified of _____ weeks.

Last known biological therapy: _____ and last date received: _____.

* The concomitant use of OCREVUS™ and other immune-modulating or immunosuppressive therapies, including immunosuppressant doses of corticosteroids, is expected to increase the risk of immunosuppression.

___ Other as requested: _____

Pre-Screening:

Required Hepatitis screening to include:

___ **Hepatitis B Surface Antigen (HBsAg) and Total Hepatitis B Core Antibody (anti- HBc)**

*OCREVUS™ is contraindicated in patients with active HBV. Patients who are negative for surface antigen HBsAg (-) and positive for HB core antibody HBcAB (+) or positive for surface antigen HBsAg (+), should consult liver disease experts before starting and during treatment.

___ **Quantitative Serum Immunoglobulin Screening (IgG, IgA, IgM)**

**** Warnings/Precautions:**

- **Vaccinations:** Live-attenuated or live vaccines is not recommended during treatment and after discontinuation until B-cell repletion, administer all necessary immunizations according to immunization guidelines at least 6 weeks prior to initiation of OCREVUS™
- **Infusion Reactions:** Observe patients for infusion reactions during the infusion and for at least one hour after completion of the infusion. Inform patients that infusion reactions can occur up to 24 hours after the infusion. **Reducing the Risk of Infusion Reactions and Managing Infusion Reactions Administer pre-medication (e.g., methylprednisolone or an equivalent corticosteroid, an antihistamine, and antipyretic) to reduce the frequency and severity of infusion reactions should be considered.** Subsequent courses should be administered every 24 weeks from initial 0 week dosing, but not sooner than every 20 weeks (5 months).
- **Infection:** Delay administration in patients with an active infection until the infection is resolved. An increases risk of upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections have been reported.
- **Malignancies:** An increased risk of malignancy, including breast cancer.
- **Progressive Multifocal Leukoencephalopathy (PML):** At the first sign or symptom, withhold treatment and perform an appropriate diagnostic evaluation.
- **Pregnancy: Women of childbearing potential should use contraception during treatment and for 6 months after the last infusion**

• See full prescribing information.



Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.