Updated June 4, 2020

Checklist for Ocrevus (ocrelizumab) Referral

Required documentation for all initial referrals

Patient _____DOB_____ Date_____ □ Induction □ Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- ☐ Patient demographics (e.g. address, phone number, SSN, etc.)
- ☐ Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
  - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- ☐ Signed and completed Ocrevus Standard Order (our order form) with ICD diagnosis code
  - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
  - New order required every calendar year.
- ☐ Completed and signed Ocrevus Start Form
- ☐ Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Ocrevus.
- ☐ **Required TB screening results**: PPD or QuantiFERON Gold Test *(within 3 years)* Date: _____
- ☐ **Required Hepatitis screening *(within 1 year)***: Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, and Hepatitis B Core Antibody results **Positive Hepatitis B Core Antibody requires liver specialist consultation per PI.*
- ☐ **Most recent lab results including CBC and CMP**
- ☐ Type of MS: □ Relapsing □ Primary-progressive □ Other: _____
- ☐ In women of child-bearing age, ensure birth control
- ☐ Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
  - Name: _____
  - Phone Number: _____

Paperwork can be faxed to (843)-793-6181

Infusion Coordinators can assist you with any questions at
(843)-572-8932

Low Country Rheumatology Infusion Locations

Please mark preferred location and we will do our best to accommodate, however we cannot make any guarantees.

Summerville
2001 2nd Ave, Suite 201, Summerville, SC 29486

Mount Pleasant
1100 Johnnie Dodds Blvd, Mt. Pleasant, SC 29464

West Ashley
2291 Henry Tecklenburg Drive, Charleston, SC 29414

Low Country Rheumatology Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. The patient will have an annual 30-minute consult with our NP to obtain H&P for chart. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Low Country Rheumatology Use Only Existing Patient Yes____ No____ Physician _____

Updated June 4, 2020

Standard Orders for Ocrevus (ocrelizumab) Administration

Patient _____DOB_____ Date_____

***NOTE**: Patient may be ineligible to receive Ocrevus if they have suspected infectious process or is receiving antibiotic for active infectious process, antifungal therapy, or active fever due to the possibility of developing a super infection related to its effect on the immune system.. Patient is ineligible to receive Ocrevus if they have new-onset or deteriorating neurological changes and/or upcoming surgery.

Indication:

□ G35 Relapsing remitting Multiple Sclerosis	□ G35 Primary progressive Multiple Sclerosis	□ Other: _____

History:

□ PPD or QuantiFERON Gold Test (within 3 years) Results: _____ Date: _____

□ HBsAg, HBsAb, HB core Ab Results: _____ Date: _____

□ Recent or upcoming surgical procedure: □ Yes □ No

Orders:

□ Standard Order Protocol:

- Obtain patient weight each visit
    - Baseline vitals will be obtained:
        - prior to administration,
        - Every half hour during rate increases
        - hourly after final infusion rate is reached and during the 1 hour post-infusion observation period
        - prior to discharge home
        - Vital signs will be obtained more frequently if patient's condition warrants it.
- Administer Ocrevus IV as directed per protocol using tubing with a 0.22-micron filter.
- Assess patient for response to therapy.
- **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
- Observe patient 60 minutes after completion of infusion for adverse reaction. Maintain IV access during observation period.
- Instruct patient/caregiver on medications, signs/symptoms of adverse reaction.
- Discharge instructions to include possible infusion side effects, neurologist phone number with instructions to call that number for infusion reaction after discharge and follow-up appointment schedule.

Dose:

Standard Dose Protocol:

□ Induction Dose: 300 mg IV in 250mL Sodium Chloride 0.9% to be infused at Day 1 and Day 15

□ Maintenance Dosing: Single 600 mg IV in 500mL Sodium Chloride 0.9% infused every 6 months (24 weeks)

Premedicate:

~~P~~re-medicate x 1 dose 30 minutes prior to each infusion with 1000 mg Tylenol PO, 50 mg Diphenhydramine IVP, 100 mg Solu-Medrol IVP

**Alternate options to standard premedication*:

1. Acetaminophen: □ 325 mg PO □ 500 mg PO □ 650 mg PO
2. Diphenhydramine: □ 25 mg PO □ 50 mg PO □ 25 mg IVP
3. Solu-Medrol: □ 62.5 mg IVP □ 100 mg IVP □ Other: _____
4. Alternate antihistamine to diphenhydramine:
    □ 10 mL Loratadine PO □ 10 mg Cetirizine PO
5. Other _____

Additional orders/comments:

_____

_____

Practice Name: _____

Physician Name: _____

Physician Signature: _____

Date: _____

NPI: _____

State License: _____

DEA #: _____

UPIN: _____