

# Ocrelizumab (Ocrevus)



Provider Order Form rev. 10/30/2025

**PROVIDERS: Please include the following information to expedite the order:**  
Patient Demographic, most recent Office Visit Note, Insurance Information, TB Results, Recent Labs

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code:  G35.A  G35.B1  G35.B2  G35.C1  Other: \_\_\_\_\_  
Description: \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_ Weight (lb/kg) \_\_\_\_\_ Height: \_\_\_\_\_  
Patient Status:  New to Therapy  New to Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NURSING

Hep B (HBsAb & anti-HBc) Test Results (list results and attach clinicals): \_\_\_\_\_

Serum Immunoglobulins (list results and attach clinicals): \_\_\_\_\_

Liver Function (AST, ALT, Alkaline Phosphatase, Bilirubin). List results and attach clinicals.  
\_\_\_\_\_

Utilize Hypersensitivity protocol established by Redeemer Health Infusion and PI

Provide nursing care and observation per Redeemer Infusion Policies and Procedures

## LABORATORY ORDERS

CBC  at each dose  every \_\_\_\_\_

CMP  at each dose  every \_\_\_\_\_

CRP  at each dose  every \_\_\_\_\_

Other: \_\_\_\_\_

Please check this box if you do NOT authorize Redeemer Health Infusion to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

## PRE-MEDICATION ORDERS

*Not typically indicated with this medication.*

acetaminophen (Tylenol)  500 mg/  650 mg/  1000 mg PO

cetirizine (Zyrtec) 10 mg PO

loratadine (Claritin) 10 mg PO

diphenhydramine (Benadryl)  25 mg/  50 mg  PO/ IV

Please check this box if you DO NOT authorize Redeemer Health Infusion to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

## THERAPY ADMINISTRATION

**Ocrelizumab** (Ocrevus) Intravenous Infusion

### Induction:

- Dose: 300 mg in 250mL 0.9% sodium chloride
- Frequency: Day 1 and Day 15
- Duration: minimum of 2.5 hours per manufacturer's guidelines

### Maintenance:

- Dose: 600 mg in 500mL 0.9% sodium chloride
- Frequency: Every 6 months from first infusion (Day 1)
- Duration: minimum of 2 hours per manufacturer's guidelines

Flush with 0.9% sodium chloride after infusion completion

Patient required to stay for 60-minute observation post infusion.

Refills:  Zero/  for 12 months/  Other: \_\_\_\_\_  
(If not indicated, order will expire one year from date signed)

*To ensure a brand name product is dispensed, the prescriber must  
handwrite "Brand Medically Necessary" on the prescription form. If not  
indicated, Redeemer Infusion is authorized to administer a generic or  
biosimilar.*

## SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date