CoxHealth at Home	Ocrevus ®	Phone: 1-855-419-4663
COXHEALTH	(ocrelizumab)	Fax: 1-417-269-0692
Patient Information	Prescriber	
Name:DOB:	Prescriber name:	
Height: 🖬 in 🗖 cm Weight		
Address:	Address:	
City:Zip		State:Zip:
Phone: Alternate:	Contact:	
SSN:	Phone:	Fax:
PLEASE INCLUDE ON FAX A COPY AND BACK OF INSURANCE CA		
Clinical Information (Please fax all	-	information)
	iagnosis: 🗖 G35 (Multiple sclerosis)	
Allergies:		
Intravenous Ocrevus®		
Flushing/Premedication Orders:		
 Flushing per CoxHealth at Home protocol PIV: 0.9% sodium chloride 3-20mL l 	- few and after infusion as moded	
✓ Port: 0.9% sodium chloride 3-20mL		monthly, 0.9% sodium chloride 3-20mL be- r infusion
Please check desired premedication below. All p	remedications will be given 30-60 min	utes prior to infusion
Acetaminophen: 🛛 650mg by mouth 🖵 Other:_		
ا Diphenhydramine: 🗖 50mg by mouth 🗖 25mg	/ 🗖 50mg IV 🗖 Other:	
Methylprednisolone: 🛛 125 mg IV 🖵 Other:		
Ocrevus [®] (ocrelizumab) IV initial 300mg infusior	ns over at least 2.5 hours, 600mg dose	s over at least 2 hours per protocol
Dilute 300mg in 250mL 0.9% sodium chloride an	d 600mg in 500mL 0.9% sodium chlori	ide.
Frequency/dose:		
Loading frequency/dose: 300mg on week 0 ar OR	nd 2, followed by 600mg 6 months afte	er first dose.
Maintenance frequency/dose: 600mg every 6	months	
Quantity to dispense: \Box 1200mg (1 year) or \Box _	infusion(s)	
Labs: every (frequency) 🖵 CBC	with diff 🖵 CMP 🖵 Other:	
Prescriber's Signature:		Date

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain inviteged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by calling 1-855-419-4663 to obtain instructions as to the proper destruction of the transmitted material. Rev Jan2023

I authorize CoxHealth at Home and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to CoxHealth at Home.