

**Patient Information**

Name: _____ DOB: _____

Height: _____ ☐ in ☐ cm Weight: _____ ☐ kg ☐ lbs

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate: _____

SSN: _____

**PLEASE INCLUDE ON FAX A COPY OF FRONT
AND BACK OF INSURANCE CARD(S)**

Prescriber

Prescriber name: _____

NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____ Fax: _____

Clinical Information (Please fax all pertinent clinical and lab information)

Diagnosis: ☐ G35 (Multiple sclerosis)

☐ Other: _____

Allergies: _____

Intravenous Ocrevus®**Flushing/Premedication Orders:**

- ✓ Flushing per CoxHealth at Home protocol
 - ✓ PIV: 0.9% sodium chloride 3-20mL before and after infusion as needed
 - ✓ Port: 0.9% sodium chloride 3-20mL into port at time of access or at least monthly, 0.9% sodium chloride 3-20mL before and after infusion as needed, Heparin 100 units/mL 5mL as lock after infusion

Please check desired premedication below. All premedications will be given 30-60 minutes prior to infusion

Acetaminophen: ☐ 650mg by mouth ☐ Other: _____

Diphenhydramine: ☐ 50mg by mouth ☐ 25mg IV ☐ 50mg IV ☐ Other: _____

Methylprednisolone: ☐ 125 mg IV ☐ Other: _____

Ocrevus® (ocrelizumab) IV initial 300mg infusions over at least 2.5 hours, 600mg doses over at least 2 hours per protocol

Dilute 300mg in 250mL 0.9% sodium chloride and 600mg in 500mL 0.9% sodium chloride.

Frequency/dose:

☐ Loading frequency/dose: 300mg on week 0 and 2, followed by 600mg 6 months after first dose.

OR

☐ Maintenance frequency/dose: 600mg every 6 months

Quantity to dispense: ☐ 1200mg (1 year) or ☐ _____ infusion(s)

Labs: every _____ (frequency) ☐ CBC with diff ☐ CMP ☐ Other: _____

Prescriber's Signature: _____ Date: _____

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.