

Ocrevus® (ocrelizumab) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 Code (required):	ICD-10 Description:	Last Treatment Date:	Last 4 Digits SSN:

PROVIDER INFORMATION

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

NURSING

Infusion to be administered per VIVO protocols.

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- OTHER _____

PREMEDICATIONS

- acetaminophen (Tylenol) 500mg 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg 50mg PO IV
- methylprednisolone (Solu-Medrol) 40mg 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____
- Dose: _____ Route: _____
- Frequency: _____

OCREVUS THERAPY ADMINISTRATION

300 mg IV at 0 and 2 weeks, then 600 mg every 6 months
600mg IV every 6 months

REQUIRED DOCUMENTATION

Patient Demographics	HepB Surf Ag (within 12 months)
Insurance Card/Information	Hep B Core AB (within 12 months)
Progress Notes Supporting DX	Current Medication List and H&P
Quantitative Immunoglobulin	

Type of MS: Relapsing Remitting Primary Progressive

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is good for one year unless otherwise noted.

Provider Name (Print) Provider Signature Date

Fax Numbers			Have a Question? (720) 902-4111 Email Referrals To: referrals@vivoinfusion.com
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 203-724-4838	
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838	