



# OCREVUS (OCRELIZUMAB) INFUSION ORDERS

## PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK**

## MEDICAL INFORMATION

**Diagnosis:**  Multiple Sclerosis (ICD-10 Code: \_\_\_\_\_)  
 Relapsing-Remitting  Primary-Progressive  
 Secondary-Progressive  Progressive-Relapsing

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Hepatitis B surface antigen and Hepatitis B Core total antibody required

Last MRI

**Labs:** Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Orders:** \_\_\_\_\_

## OCREVUS ORDERS

**Ocrevus**  **Loading Dose:** 300mg IV at 0 and 2 weeks, then 600 mg IV every 6 months  
 **Subsequent Dose:** 600 mg IV every 6 months

**Protocol Pre-Medication Orders:** Solu-medrol 100mg IV and Benedryl 25mg PO to be given 30 minutes before infusion

**\*\*Date of last**  Rebif  Betaseron  Avonex  Tysabri dose: \_\_\_\_\_

Additional Orders/Comments:

## PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## INFUSION CENTER LOCATION

<input type="checkbox"/> Arlington	<input type="checkbox"/> Austin	<input type="checkbox"/> Dallas	<input type="checkbox"/> Houston	<input type="checkbox"/> Knoxville	<input type="checkbox"/> North Hills	<input type="checkbox"/> Plano	<input type="checkbox"/> Round Rock	<input type="checkbox"/> San Antonio	<input type="checkbox"/> Stone Oak
P: 817.200.2530	P: 512.261.4800	P: 972.408.2777	P: 713.860.1755	P: 865-299-7525	P: 817.284.2700	P: 469-974-0565	P: 737-443-5230	P: 210.366.4358	P: 210.485.3700
F: 817.509.0011	F: 512.261.4803	F: 469.913.6894	F: 713.277.7219	F: 865-338-5604	F: 817.284.2701	F: 469-608-2072	F: 737-402-7698	F: 210.366.4896	F: 210.390.1738

ParagonHealthcare.com

**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately. If you have received this document in error and then destroy this document immediately.