Beacon Infusion
Healthcare Services

Headquarters Location:
1075 Stephenson Ave, Suite D-2, Oceanport, NJ 07757
Telephone: (833) 223-2266 Fax: (732) 329-2322

OCREVUS MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ **DOB:** _____

■ Diagnosis

☐ G35 Multiple Sclerosis ☐ Other: _____

■ Details Needed for Authorization

- Which type of MS does the patient have? Circle one: CIS RRMS PPMS SPMS
- If the patient has PPMS, please provide all component scores of the Functional Systems Scale.
- Does the patient have a history or presence at screening of elevated IgG index or at least 1 IgG oligoclonal band in CS fluid? _____
- For a patient starting on Ocrevus, please provide documentation of all relapses within past 2 years.
- For a patient starting on Ocrevus, have they been neurologically stable for the past 30 days? _____
- Does the patient have any other neurological disorders which may mimic multiple sclerosis? _____
- If the patient is being treated with another disease-modifying MS therapy, will it be discontinued prior to starting Ocrevus?
- Will the patient be receiving concomitant immunosuppressive therapy?
- Has the patient had a live or attenuated vaccine within the past 6 weeks?
- For a patient starting on Ocrevus, provide negative results for HBsAg and anti-HBV.
- Does the patient have either progressive multifocal leukoencephalopathy or active primary or secondary immunodeficiency?
- Provide MRI reports documenting status of current lesions and changes from prior scans.

■ Premedication Order

Diphenhydramine 25mg by mouth 30-60 minutes prior, and methylprednisolone 100mg IVP 30 minutes prior.

■ Ocrevus (ocrelizumab) Order

Height in ft/in: _____ Weight in lbs: _____

☐ Initial dose of 300mg followed by a second dose of 300mg after 14 days +/- 1 day.
☐ Maintenance doses of 600mg 300mg every 6 months for 1 year.

Infusion administered through 0.2 micron filtered tubing. 300mg dose administered in 250ml of normal saline, 600mg dose administered in 500ml of normal saline. Follow the infusion rate tables published by Genentech.
Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.