

PATIENT INFORMATION

PATIENT NAME		DATE OF BIRTH	PHONE
WEIGHT		ALLERGIES	PATIENT STATUS ☐ New ☐ Continuing

REFERRING PRESCRIBER & INSURANCE

PRESCRIBER NAME	NPI #	PHONE	FAX
PRIMARY INSURANCE	POLICY #	GROUP #	NEXT TREATMENT DATE

DIAGNOSIS ICD-10 required

- ☐ G35 Multiple sclerosis — covers relapsing forms (relapsing-remitting, active secondary progressive) and primary progressive disease
- ☐ G37.9 Demyelinating disease of the central nervous system, unspecified — used for clinically isolated syndrome

ICD-10-CM has a single code for multiple sclerosis. There is no separate RRMS, SPMS or PPMS code — the phenotype is documented in the clinical notes.

OTHER ICD-10	DIAGNOSIS DESCRIPTION	EDSS SCORE
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OCREVUS ORDER check one

- ☐ **Ocrevus IV — initial dosing** (patients new to ocrelizumab)

INFUSION	DOSE	TIMING	APPROXIMATE DURATION
First infusion	300 mg IV	Day 1	2.5 hours
Second infusion	300 mg IV	2 weeks after the first	2.5 hours
Subsequent infusions	600 mg IV	6 months after the first dose, then every 6 months	☐ 3.5 hours (standard) ☐ 2 hours (short option)

The 2-hour infusion option is only for patients who have had no serious infusion reaction to any previous Ocrevus infusion.

- ☐ **Ocrevus IV — maintenance only** 600 mg IV every 6 months (patients continuing from another site)
- ☐ **Ocrevus Zunovo — subcutaneous** 920 mg / 23,000 units SC every 6 months
Pre-medication for Zunovo: dexamethasone 20 mg PO and cetirizine 10 mg PO 30 minutes before injection
- ☐ **Pediatric (age 10+)** 25 to under 35 kg: 150 mg IV × 2 doses 2 weeks apart, then 300 mg IV every 6 months · 35 kg or more: adult dosing above
- ☐ **Other dosing:** _____

PRE-MEDICATION before every infusion, unless contraindicated

Corticosteroid	☐ Methylprednisolone (Solu-Medrol) 100 mg IV about 30 minutes before ☐ Under 40 kg: 2 mg/kg IV ☐ Equivalent corticosteroid: _____
Antihistamine	☐ Diphenhydramine 25 mg ☐ PO ☐ IV ☐ Cetirizine 10 mg ☐ PO ☐ IVP ☐ Loratadine 10 mg PO — 30 to 60 minutes before
Antipyretic	☐ Acetaminophen (Tylenol) ☐ 650 mg ☐ 1,000 mg PO — 30 to 60 minutes before
Additional	☐ _____

REQUIRED BEFORE THE FIRST DOSE insurance will not approve without these — please attach results

- ☐ Hepatitis B screening — surface antigen and core antibody total (not IgM)
Result: ☐ Negative ☐ Positive ☐ Attached
If positive, attach documentation of treatment or medical clearance. Ocrevus is contraindicated in active hepatitis B.
- ☐ Quantitative serum immunoglobulins
- ☐ Liver function tests — ALT, AST, alkaline phosphatase, bilirubin
- ☐ Vaccinations current — live or live-attenuated at least 4 weeks before, non-live at least 2 weeks before the first dose
- ☐ No active infection — confirm before every infusion

LABS, OTHER ORDERS & DOCUMENTATION

Lab orders	Labs: _____ Frequency: _____ Drawn by: ☐ LIVbetter ☐ Referring provider
Other orders	_____
Prior therapy	Last biologic: _____ Last dose received: _____ Washout before ocrelizumab: _____ weeks
Attach	☐ Signed order ☐ Demographics + insurance ☐ Medication list ☐ Clinical notes incl. tried / failed therapy ☐ MRI ☐ Other: _____

PRESCRIBER SIGNATURE required — we cannot schedule without it

By signing, you authorize LIVbetter Infusions to act as your prior authorization and specialty pharmacy designated agent with insurance companies and to select the site of care. Where your state requires it, check "Dispense as written" to prevent generic substitution.

PRESCRIBER SIGNATURE	DATE	DISPENSE AS WRITTEN
X		☐ Yes