



PATIENT INFORMATION

Patient Name: _____ **DOB:** _____ **Gender:** M F
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____
Please Attach: Insurance cards History & Physical Most recent labs Medication list
 NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ **Phone:** _____ **Fax:** _____
Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

Documentation:
 Recent clinical and/or office visit notes supporting primary diagnosis
 Recent Hepatitis B antigen or Hepatitis B core antibody result

MEDICATION ORDERS

ICD-10 Diagnosis Codes: **G35.0** Multiple sclerosis **G35.D** Multiple sclerosis, unspecified
 G35.A Relapsing-remitting multiple sclerosis **Other :** _____

New to Therapy **Continuation of Therapy:** Date of last dose (if applicable): _____

Pre-medication: Acetaminophen 1000mg PO Diphenhydramine 50mg IV Solu-Medrol 125mg IV

Dosing & Frequency:

OCREVUS

Induction: 300mg in 250ml 0.9% sodium chloride IV infusion at **Day1 and Day 15.**
 Rate: Start at 30ml/hr, increasing by 30ml/hr every 30 minutes to a maximum rate of 180ml/hr (to be given in no less than 2.5 hour)
 After Induction dose, continue with maintenance dose below
 Maintenance: 600mg in 500ml 0.9% sodium chloride intravenous infusion **every 6 months**
 Rate: Infuse over 3.5 hours: Start at 40ml/hr, increase by 40ml/hr every 30 minutes, max 200ml/hr.
 If patient has not experienced any prior serious infusion reactions, infusion can be given over 2 hours:
 Start at 100ml/hr x15 min, 200ml/hr x15 min, 250ml/hr x30 min, 300ml/hr remainder of infusion

OCREVUS ZUNOVO

920 mg/23,000 units (920 mg ocrelizumab and 23,000 units of hyaluronidase) administered as a single 23 mL subcutaneous injection in the abdomen over approximately 10 minutes every 6 months

Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

 Provider Name

 Provider Signature

 Date

Fax Number

- Brandon: (656) 218-9643**
- Clearwater: (727) 977-9717**
- Fort Myers: (239) 533-5962**
- Gainesville: (352) 450-8886**
- Lakeland: (863) 777-2528**
- Ocala: (352) 565-5228**
- Orlando: (407) 792-6558**
- Sarasota: (941) 413-3280**
- St. Petersburg: (727) 977-8836**
- Tampa: (813) 775-9997**
- The Villages Brownwood: (352) 450-3080**
- The Villages Lake Sumter: (352) 565-5553**
- The Villages Spanish Springs: (352) 810-3536**
- Venice: (941) 337-0779**