MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

OCREVUS® (OCRELIZUMAB) ORDER FORM

(* - Required Fields)

___ STAT REQUEST
(*REASON MUST BE PROVIDED BELOW)

_____ New Referral _____ Order Renewal _____ Medication/Order Change
_____ Benefits Verification Only _____ Discontinuation Order

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

OCREVUS ORDER*:

ICD-10*: ______________________________

(SELECT ONE OF THE FOLLOWING)

_____ **Initial/Loading Dose and then Maintenance Dosing:**
300mg IV at 0 and 2 weeks, then 600mg IV every 6 months

OR

_____ **Maintenance Dosing**: 600mg IV every 6 months

Okay to Infusion After: ___________

Physician Signature* ______________________________ **Date*(Order is Valid for One Year)** ____________________
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Relapsing Multiple Sclerosis

_____ Primary Progressive MS

_____ Other__________________________

***STAT REASON:**
(STAT request will be assessed per MPP policy and procedure)

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting DX

_____ Current Medication List and H&P

_____ HepB Surf Ag (w/in 12 months)

_____ HepB Core Ab (w/in 12 months)

Current MS Drug:____________________

Pt to Stop Therapy ______ weeks before starting Ocrevus

Last Infusion/Injection Date: ____________________

STANDING LAB ORDERS: _____ CMP _____ CBC

____ Labs to be drawn by Infusion Center Frequency ______________________________

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------
___ Lakewood

---------Florida---------
___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

-------- Oklahoma-------
___ Tulsa

----------Texas----------
___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

REVISION DATE- 10/2021