

Patient Name: _____ DOB: _____

Allergies: _____ Height (cm): _____ Weight (kg): _____

Diagnosis: _____ Diagnosis Code: _____

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Financial authorizations require clinical documentation of medical necessity. To ensure compliance, the criteria below must be indicated as completed by office representative. Incomplete documentation will be returned to the referring office for completion, resulting in delays to the patient receiving treatment.

- Ordering provider is credentialed at Sinai Hospital (Alvin and Lois Lapidus Cancer Center) or Carroll Hospital (William E. Kahlert Regional Cancer Center) to admit and write orders.
- Demographics / insurance information attached, or available in Cerner.
- Provider note dated within 30 days indicating medical need attached, or date if available in Cerner: _____
- Baseline hepatitis panel completed and results attached, or date if available in Cerner: _____

Treatment:

- Premedication(s) – *please check all premedication(s) desired for treatment*

- Acetaminophen 650 mg PO once
- Diphenhydramine 50 mg PO once
- Methylprednisolone 100 mg IV push once
- Other: _____

- Ocrelizumab Induction** – select if patient is being initiated on ocrelizumab (*not for order renewals*)

Day 1 – Ocrelizumab 300 mg in 250 mL NS IV administered per titration protocol

Day 15 – Ocrelizumab 300 mg in 250 mL NS IV administered per titration protocol

Followed by Ocrelizumab 600 mg in 500 mL NS IV administered per titration protocol 6 months from day 1 of induction

- Ocrelizumab Maintenance**

Ocrelizumab 600 mg in 500 mL NS IV every 6 months administered per titration protocol

Ocrelizumab titration protocol:

- Induction (300mg) infusions: Start infusion at 30 mL/hour, increase by 30 mL/hour every 30 minutes to a maximum of 180 mL/hour.
- Subsequent infusion(s): Start infusion at 40 mL/hour, increase by 40 mL/hour every 30 minutes to a maximum of 200 mL/hour.

Protocol Orders:

- Hypersensitivity/Anaphylaxis Medications: Follow Adult Hypersensitivity Nursing Protocol PRN for the treatment of allergic/hypersensitivity reaction.
- Extravasation Management: Follow established protocol for extravasation as needed.
- Port Care and Flush per Nursing Protocol: Single-lumen flush protocol or double-lumen flush protocol as appropriate.

Physician's Name (Print): _____ Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

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