



OCREVUS INFORMED CONSENT FORM

Your physician has recommended an OCREVUS infusion for your treatment. Before agreeing to this treatment, it is important that you read and understand the following explanation of the Ocrevus infusion process. This statement will describe the procedure, benefits, discomforts, risks and precautions.

OCREVUS is a medication that keeps the immune system from attacking healthy tissues in the body. The immune system also defends the body against infections caused by bacteria and viruses. Ocrevus interferes with an important step in this attack. By decreasing the immune system's attack on normal tissues.

Indications

Ocrevus is indicated and FDA approved for relapsing and primary progressive multiple sclerosis.

Dosage and Administration

Ocrevus is administered by intravenous infusion. Each infusion could take 3 to 5 hours. Proper medical supervision is essential during your infusion. We cannot be responsible for your care if you leave the suite unsupervised during the course of your infusion. You will not be allowed to leave the suite unmonitored.

A full clinical response may not be evident for several weeks following the infusion. You should continue to take all of your other medications, unless otherwise indicated by your physician.

Potential Adverse Reactions

Ocrevus is generally well tolerated and most reported reactions are mild to moderate, transient and manageable. The following adverse reactions are the most commonly reported:

- Upper respiratory infection
- Viral infection
- Diarrhea
- Back pain
- Flushing
- Rash

Some more severe side effects have been reported including:

- Serious infection
- Anemia and low white count
- Allergic reactions. These reactions are usually mild or moderate, but can be severe.

- There have been rare cases of certain kinds of cancer in patients receiving OCREVUS. The role of OCREVUS in the development of cancer is not known.
- A **rare** and serious brain infection called progressive multifocal leukoencephalopathy (PML) caused by the JC virus has occurred in patients having received immunosuppressants including OCREVUS.

Prior to using OCREVUS, please tell your physician or nurse if you (please initial):

_____ Have has Hepatitis B or C Infection

_____ Active cancer

_____ Pregnant or breast feeding

_____ Have new symptoms or medical problems

_____ Have had any live vaccinations recently (These include measles, mumps, rubella, oral polio (the injectable polio vaccine is not live), oral typhoid (typhoid injection is not live), BCG, yellow fever)

_____ Any Fever or Current Signs/Symptoms of an Infection

_____ Any Acute Cut, Wound or Rash

I understand all possible side effects from this medication may not have been completely identified and as new information becomes available I will be notified.

I have had the opportunity to fully read, understand and discuss this consent form with my physician and the nurses. By signing this consent, I am agreeing to treatment with OCREVUS.

Patient's Name

Witness' Name

Patient's Signature

Witness' Signature

Date

Date