

INFUSION ORDERS OCREVUS (Ocrelizumab)

Patient's Information

Date of Referral

First Name

Last Name

M.I.

Date of Birth

Address

City

State

ZIP Code

Phone

WT (kg)

HT (in)

Diagnosis

***Please fax all recent labs including TB date/results, Hepatitis B date/results and JCV.**

*ICD 10 CODE

***Please include supporting clinical documentation for specified ICD 10 Code as well as demographic and insurance information. This must be provided to ensure payment by insurance carrier. Please fax with this order form. Initial appointment date and time will be verified after insurance approval.**

OCREVUS DOSING

Initial Dose

- Infusion One: 300mg in 250 ml 0.9% Sodium Chloride
 Infusion Two (two weeks later): 300mg in 250 ml 0.9% Sodium Chloride

Subsequent Doses

- 600mg in 500ml 0.9% Sodium Chloride - every six months

End Date:

OCREVUS PREMEDICATION

- Vitals before infusion including temp and every 30 minutes during and for one hour after infusion.
- IV methylprednisolone 100mg (or equivalent corticosteroid) 30-60 minutes prior to each Ocrelizumab infusion
- Antihistamine 30-60 minutes prior to initiation of therapy

Pepcid:

Zyrtec:

Benadryl:

- Dosage _____ Route – IV or P

Other:

OPTIONAL

- Tylenol 650mg as needed

Prescribing Provider

Address

City

State

ZIP Code

Provider Signature

Date

Provider Phone

Provider Fax