



INFUSION ORDERS — OCREVUS (Ocrelizumab)

Date of referral: _____

Patient Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

WT [kg]: _____

HT: _____ [in]

Diagnosis: _____

Hepatitis B Surface Antigen Result: _____

(Positive result indicates active infection: contraindication)

Hepatitis B Total Core Result: _____

Hepatitis B surface Antibody Result: _____

(Positive result indicates vaccination)

Patient should be kept for observation for 1 hour after infusion.

***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

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 minutes prior to each Ocrelizumab infusion

Antihistamine 30-60 minutes prior to initiation of therapy

Other

Optional

Tylenol 650mg as needed

Prescribing Physician: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____