

# Ocrevus Infusion Order Loading Dose



Ph: 805-719-3700 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics       Insurance Information       Current Medications  
 Current Labs       Hep B Labs       MRI       Recent Office Notes  
 McDonald Criteria for MS       Access Solutions Form

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg      Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## PRE-MEDICATIONS:

(30 minutes before infusion)

Solu-Medrol:      125mg      IV

Diphenhydramine:      50mg      IV / PO

Acetaminophen:      1000mg      PO

## PRN:

(Infusion Reactions)

Diphenhydramine:      25mg / 50mg      IV / PO

Cetirizine (Zyrtec):      10mg      PO

Acetaminophen:      650mg      PO

Solu-Medrol:      125mg      IV

Normal Saline Bolus:      500mL      IV

## OCREVUS (OCRELIZUMAB) IV DOSAGE:

### **OCREVUS IV Loading Dosage:**

- 300 mg in 250 mL 0.9% Sodium Chloride  
day 1 and day 15

### **OCREVUS IV Maintenance Dosage:**

- 600 mg in 500 mL 0.9% Sodium Chloride  
6 months after loading dose  
then every 6 months