

Ocrevus Infusion Order

Maintenance Dose



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Medications
 Current CBC & CMP Hep B Labs MRI H&P Relevant to Diagnosis
 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: _____

Contact Email: _____

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 MAINTENANCE DOSAGE:

Date of Last Treatment: _____ **2 hour infusion for qualified patients**

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