

# Ocrevus Infusion Order

## Maintenance 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 MAINTENANCE DOSAGE:

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