



Phone: 608-690-7210
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www.MySmartInfusion.com

Ocrevus (Ocrelizumab) Infusion Order Form

Location

- Eau Claire Weston
- Middleton Onalaska

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

ICD 10 Code (Required)

- ICD 10 Code: G35.A ICD 10 Code: G35.B0 ICD 10 Code: G35.B1 ICD 10 Code: G35.B2 ICD 10 Code: G35.D
- ICD 10 Code: G35.C0 ICD 10 Code: G35.C1 ICD 10 Code: G35.C2 ICD 10 Code: G35.D

Required Labs

Quantitative Serum Immunoglobulin (within 3 months & attach results)
Most recent CBC & BMP (attach results)
Hepatitis B Status & Date: _____
Pregnancy Test Status & Date: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
Diphenhydramine (Benadryl) 25mg 50mg PO IV
Methylprednisolone (Solu-Medrol) 125mg IV
Ondansetron (Zofran) 4mg PO IV
Other: _____ Route: _____
Dose: _____ Frequency: _____

Ocrevus Medication Order

Refill x12 months unless otherwise noted: _____

Patient Weight: _____ KG

Initial Dosage

300mg IV

Frequency

Initial dosing given on day 1 and day 15

Maintenance Dosage

600mg IV

Frequency

Every 6 months

Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Adverse Reaction Management & Nursing Orders

Full protocols are available for review at mysmartinfusion.com or upon request.

<input checked="" type="checkbox"/> Administer the following emergency medications per Smart Infusion Therapy Services protocol: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Acetaminophen 650mg PO,<input checked="" type="checkbox"/> Diphenhydramine 25mg-50mg PO or IV<input checked="" type="checkbox"/> Ondansetron 4mg IV<input checked="" type="checkbox"/> Sodium Chloride 0.9% 1000mL IV<input checked="" type="checkbox"/> Methylprednisolone 125mg IV<input checked="" type="checkbox"/> Albuterol Sulfate 2.5mg nebulized<input checked="" type="checkbox"/> Oxygen 1-6LPM continuous flow<input checked="" type="checkbox"/> Epinephrine 0.3mg/0.3mL IM <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Manage VAD per protocol: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Start/Access and Discontinue PIV/CVC<input checked="" type="checkbox"/> Flush with NS and/or Heparin per protocol based on line type<input checked="" type="checkbox"/> Other: _____
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Provider Information

Provider Name: _____ Provider NPI: _____
Office Phone: _____ Office Fax: _____
Provider Signature: _____ Date: _____