smartinfusion
THERAPY SERVICES

Ocrevus (Ocrelizumab)
Infusion Order Form

Patient Information

Patient Name: _____DOB: _____   M ☐   F ☐

Allergies: _____

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

Diagnosis and ICD 10 Code   (Required)

☐ Relapsing-Remitting Multiple Sclerosis ICD 10 Code: G35   ☐ Secondary Progressive Multiple Sclerosis ICD 10 Code: G35
☐ Primary Progressive Multiple Sclerosis   ICD 10 Code: G35   ☐ Other: _____   ICD 10 Code: _____

Required Tests   (within 12 months & attach results)

☐ Quantitative Serum Immunoglobulin Test & Date: _____

☐ Hepatitis B Status & Date: _____

☐ Pregnancy Test (if applicable) & Date: _____

Pre-Medication Orders

Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg ☐ PO

Diphenhydramine (Benadryl)   ☐ 25mg   ☐ 50mg ☐ PO ☐ IV

Methylprednisolone (Solu-Medrol)   ☐ 125mg ☐ IV

Ondansetron (Zofran)   ☐ 4mg ☐ 8mg ☐ PO ☐ IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Special Instructions / Notes

Ocrevus Medication Order

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 and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____