

## Ocrevus (Ocrelizumab) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

Other: \_\_\_\_\_

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

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Pre-Medication**  Acetaminophen \_\_\_\_\_mg by PO

- Cetirizine \_\_\_\_\_mg by PO
- Diphenhydramine \_\_\_\_\_mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_mg by  IVP
- Solu-Cortef \_\_\_\_\_mg by  IVP
- Other: \_\_\_\_\_

**Patient height and weight:** \_\_\_\_\_

Patient Height (cm): \_\_\_\_\_

Patient Weight (kg): \_\_\_\_\_

**Required Documentation:**

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Hepatitis B status and date
- CBC, CMP, Quantiferon lab results
- Most recent brain MRI (within one year)
- Quantitative Immunoglobulin testing
- Liver function test
- Other: \_\_\_\_\_

**Ocrevus Medication Order (Please select ONE):**

- Initial start w/ maintenance dosing:
    - 300mg IV initial dose
    - 300 mg IV second dose 2 weeks after
    - Subsequent to first 2 doses, 600mg IV dose every 6 months
  - Maintenance dosing every 6 months
    - 600 mg IV every 6 months
- Last Dose: \_\_\_\_\_

<p><b>Additional Instructions/Notes:</b></p>  	<p><b>Patient IV Access</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PIV</li> <li><input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol</li> <li><input type="checkbox"/> Access/deaccess patient's Port, flush per protocol</li> </ul> <p><small>*Imaging results of proper placement required for PICC/Port</small></p>
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**Ordering Provider:**

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

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_

Phone: \_\_\_\_\_

**Locations:**

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400