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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: _____

Additional Instructions/Notes:

Patient IV Access

□ PIV

□ Use patient's SL/DL PICC, flush per protocol

□ Access/deaccess patient's Port, flush per protocol

*Imaging results of proper placement required for PICC/Port

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

□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141

□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400