

# Ocrevus

(ocrelizumab)



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- \_\_\_\_\_

Ph: 203-883-0038 Fax: 203-724-838

## Infusion Order

Patient Name: \_\_\_\_\_

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

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

Diagnosis: \_\_\_\_\_

DOB: \_\_\_\_\_

Male  Female

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

ICD- 10: \_\_\_\_\_

### Please fax a copy of the following patient information:

- Recent Progress Notes       Hep B Results (upon initiation)       Immunoglobulins Results (upon initiation)

Hep B (HBsAg and anti- HBV) test date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Quantitative serum immunoglobulins test date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

### PRE- MEDICATIONS: (Please give pre-medications 30 to 60 minutes prior to Ocrevus infusion)

- Acetaminophen 650mg / 1000mg PO       Diphenhydramine 25mg / 50mg IV
- Cetirizine 10mg PO       Methylprednisolone 100mg IV
- Diphenhydramine 25mg / 50mg PO      Other: \_\_\_\_\_

## OCREVUS ORDER

- Initial dose:** 600mg dose administered as 2 separated intravenous infusion 2 weeks apart
- First, infuse 300mg IV over 2.5 hours
  - 2 weeks later, infuse 300mg IV over 2.5 hours
- Maintenance dose:** 600mg dose administered once every 6 months; 2 infusion options to choose from
- Option 1:** Single infusion administered over 3.5 to 4 hours
- Option 2:** Single infusion administered over 2 hours (for eligible patients who have not experienced a serious infusion reaction\* with any previous OCREVUS infusion)

\* Serious infusion reaction defined as: fatal or life -threatening, required prolonged hospitalization, resulted in persistent or significant disability, were deemed to be medically significant by the HCP

### NOTES:

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_