

Ocrevus

(ocrelizumab)



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400 Columbus Ave, Valhalla, NY 10595
127 Washington Ave, N. Haven, CT 06473
220 Farmington Ave, Farmington, CT 06032
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: _____