

**Ocrevus® (Ocrelizumab) Orders**

Please type or print. Complete ALL fields and fax to 817-553-1393. You will receive a notice within 1-2 business days that your referral has been received and in process. An incomplete form will delay the processing/scheduling of the patient. Thank you for your referral and allowing us to partner with you in the care of your patient. Call 817-553-1325 with any questions.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Weight:** \_\_\_\_\_  lbs/ kg **Primary Diagnosis** Multiple Sclerosis **ICD-10:** G35  
 (Please include supporting documentation with referral to avoid delay in processing.)

**Prior to infusion please obtain anc send results with your order:**

- HBV screening --Core antibody (HBcAb), surface antigen (HBsAg) , and surface antibody (Anti-HBs) --within last 6 months
- Patient Demographics including copies of insurance cards
- Last office visit notes (include supporting documentation to avoid delay in processing)

**Prescription:**

- Start Peripheral IV Saline lock.
- Flush IV line with 3 to 10ml 0.9% Sodium Chloride before anc after IV medication administration.

**Administer as premed:**

- Diphenhydramine 50 mg PO 30 minutes prior to treatment
- Methylprednisolone 100 mg IV 30 minutes prior.
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- Initial Dose –OCREVUS 300 mg/10mL in 250ml 0.9% Sodium Chloride (Repeat 2 weeks later)
  - Start at 30mL per hour
  - Increase by 30mL per hour every 30 minutes—Max 180mL per hour
- Subsequent Dose 6 months after second initial dose – OCREVUS 600mg/10mL in 500ml 0.9% Sodium Chloride (repeat every 6 months)
  - Start at 40mL per hour
  - Increase by 40mL per hour every 30 minutes—max 200 mL per hour
- Use new updated rate protocol for subsequent doses of Ocrevus- start at 100ml/hr for 15 minutes, 200ml/hr for 15 minutes, 250 ml/hr for 30 minutes, then max rate of 300 ml/hr for the duration of the infusion.

**If needed:**

- If nausea develops may administer Ondansetron 4mg IVP as needed every 6 hours, may repeat x1. Promethazine 12.5 mg IV as needed for nausea every 6 hours, may repeat x1.
- If headache/fever/aches develop, may administer Tylenol 1 gm PO as needed every 8 hours. May alternate with Ibuprofen 400mg PO every 6 hours. May give Ketorolac 30mg IVP as needed every 6 hours for mild pain/headache.
- Diphenhydramine 25 mg IVP as needed for complaints of itching/adverse reactions. May give up to 100 mg of Diphenhydramine IV/PO every 8 hours.

**Ordering Provider Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

NPI # \_\_\_\_\_

Signed \_\_\_\_\_

**Office Contact Information**

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_