

Ocrelizumab (Ocrevus)

Provider Order Form



NEWPORT SUPERIOR
MEDICAL & INFUSION

Newport Superior Infusion

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PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):		ICD-10 description:
☐ NKDA Allergies:	Weight lbs / kg:	Height in / cm:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Next Due Date (if applicable):		

PROVIDER INFORMATION

Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- ☒ Provide nursing care per Newport Infusion Standard Procedures
- ☐ Hepatitis B status & date (list results here & attach clinicals):

Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Ocrevus induction.

- ☐ I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals):

- ☐ I instruct Newport Infusion to draw quantitative serum immunoglobulin prior to induction infusion (if required by payor)

RECOMMENDED PRE-MEDICATION ORDERS

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
- ☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
- ☐ methylprednisolone (Solu-Medrol) 125mg IV

PRE-MEDICATION ORDERS

- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ famotidine (Pepcid) 20mg PO
- ☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

LABORATORY ORDERS

- ☐ CBC ☐ at each dose ☐ every _____
- ☐ CMP ☐ at each dose ☐ every _____
- ☐ CRP ☐ at each dose ☐ every _____
- ☐ Other: _____

THERAPY ADMINISTRATION

- ☒ **Ocrelizumab** (Ocrevus) intravenous infusion
- ☐ Induction:
 - Dose: 300mg in 250ml 0.9% sodium chloride
 - Frequency: on Day 1 and Day 15
 - Rate: Start at 30ml/hr, increasing by 30ml/hr every 30 minutes to a maximum rate of 180ml/hr
 - Duration should be at least 2.5 hours
 - After induction, continue with maintenance dosing below
- ☐ Maintenance:
 - Dose: 600mg in 500ml 0.9% sodium chloride
 - Frequency: every 6 months from infusion 1 of initial dose
- ☒ Rate: Choose one
 - ☐ Infuse over 3.5 hours (Start at 40ml/hr, increase by 40ml/hr every 30 minutes, max 200ml/hr)
 - ☐ Infuse over 2 hours (Start at 100ml/hr x15 min, 200ml/hr x15 min, 250ml/hr x30 min, 300ml/hr remainder of infusion)

NOTE: If rate not indicated and no prior serious infusion reaction with previous infusion, will infuse over 2 hours

- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____
(if not indicated order will expire one year from date signed)

Provider Name (Print)

Date

Provider Signature