PREMIER INFUSION CENTER

📄 Ocrevus (ocrelizumab) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ G35 – Multiple sclerosis
☐ G35.1 – Relapsing-remitting MS
☐ G35.11 – Primary progressive MS
☐ Other: _____ **ICD-10 Code:** _____

🔹 Infusion Order

- **Induction Phase:**
  ☐ 300 mg IV in 250 mL 0.9% sodium chloride on Day 1 and Day 15
  ☐ Infuse over ≥2.5 hours using 0.2-micron low-protein binding in-line filter
- **Maintenance Phase:**
  ☐ 600 mg IV in 500 mL 0.9% sodium chloride every 6 months
  ☐ Infuse over ≥3.5 hours (or ≥2 hours if tolerated)
- ☐ Observation: ☐ 60 minutes post-infusion
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Required)

☐ Acetaminophen: ☐ 650 mg ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 100 mg ☐ 125 mg ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Famotidine: ☐ 20 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ Hepatitis B Panel (HBsAg and anti-HBc)
☐ CBC ☐ CMP ☐ Serum Immunoglobulin
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Each dose ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ MRI results ☐ EDSS score ☐ Prior therapy history

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____