Ascension St. Vincent's
Southside Infusion Center
Phone: 904-296-5994 Fax: 904-296-9070

Patient Name:_____
Date of Birth:_____
Patient Phone #:_____
Insurance:_____
Subscriber ID:_____

Ocrelizumab (Ocrevus) Order Set

Fill out all information on this form and attach the following as appropriate:
-Copy of prescription/medical card (front and back) -Pertinent labs related to diagnosis and medication administration -Pertinent clinical/ progress notes and tests supporting diagnosis.
-Sign, date and fax to: 904-296-9070

General Information						
Height	_____ inches	**Weight**	_____ kg	**Allergies**	☐ NKDA	☐ List: _____

Diagnosis	ICD 10 Code(s)	J Code	CPT Code
☐ Multiple Sclerosis ☐ Other: _____	☐ G35 ☐ Other: _____	☑ J2350	☑ CPT Code: _____

Labs (prior to scheduling infusion)

☑ Serum immunoglobulin test, Hepatitis B screen, TB screen

Nursing Orders

☑ Discharge patient when stable and meets protocol criteria

Emergency/Anaphylaxis Order

☑ Follow standard orders for management of allergies and anaphylaxis reactions

<u>Pre-medications</u>

☑ Acetaminophen 650 mg PO, once
☑ Diphenhydramine 25 mg PO, once
☑ Dexamethasone 20 mg IV, once
☐ Cetirizine 10 mg PO, once
☐ Ondansetron 4 mg IV, once
☐ Diphenhydramine 25 mg IV, once
☐ Other: _____
☐ Other: _____

Medication Orders

	Medication	Route	Select Treatment Type
☑	Ocrevus	IV	☐ **Initiation**: 300 mg IV Every 2 weeks x 2 doses, Order comment: administer through infusion set with 0.2 or 0.22 micron in-line filter. Start infusion at 30 ml/hr, then increase by 30 ml/hr every 30 minutes to a maximum of 180 ml/hr for 2.5 hours or longer ☐ **Maintenance:** 600 mg IV every 6 months for ___ dose(s), Order comment: Begin maintenance therapy 6 months after the first 300 mg dose. Begin infusion at 40 mL/hour; increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour. Infusion duration is 3.5 hours or longer. ☐ Other: _____

<u>Infusion Center Staff</u> Please fax infusion records or discharge summary to: **Fax Number** _____

Provider Signature		**Date**	
Provider Printed Name			