

Ocrelizumab (Ocrevus)

Provider Order Form rev. 1/25/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Provide nursing care per IVCARE INFUSION Nursing Procedures, including reaction management and post-procedure observation
- 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 IVCARE to draw quantitative serum immunoglobulin prior to first induction infusion (if required by payor).

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 - cetirizine (Zyrtec) 10mg PO
 - loratadine (Claritin) 10mg PO
 - diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 - famotidine (Pepcid) 20mg PO
 - methylprednisolone (Solu-Medrol) 125mg IV
 - hydrocortisone (Solu-Cortef) 100mg IV
 - 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 until completion)

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

- Flush with 0.9% sodium chloride at the completion of infusion
- Patient required to stay for 60-min observation post infusion
- Refills: Zero/ for 12 months / _____
(if not indicated order will expire one year from date signed)

*Hepatitis B virus and quantitative serum immunoglobulin screening are required before the first dose. *Pre-medicate with methylprednisolone (or an equivalent corticosteroid) and an antihistamine (e.g., diphenhydramine) prior to each infusion. *Monitor patients closely during and for at least one hour after infusion.

Provider Name (Print)

Provider Signature

Date

TN

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