



Nucara Pharmacy Nucara Infusion Center
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Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Ocrevus (Ocrelizumab) Infusion Orders

Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, lab & imaging results
- Last TB & Hep B results

Primary Diagnosis:

Multiple Sclerosis(ICD-10: _____)

Other: _____ (ICD-10: _____)

OCREVUS ORDERS

Initial Dose: Ocrevus 300mg at 0 and 2 weeks

Subsequent Dose: Ocrevus 600mg every 6 months

Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol _____ mg

PO Cetirizine _____ mg

IV Solu-medrol _____ mg

PO Loratadine _____ mg

PO IV Diphenhydramine _____ mg

PO IV Other: _____ mg

LABS

CBC

ESR

Uric Acid

Frequency:

Every Infusion

Every Other Infusion

CMP

TB Quantiferon Gold

Other: _____

One time only

CRP

Hep B Core/Surface AG

Other: _____

Other: _____

CPL Acct #: _____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:

Phone:

Fax:

Physician Signature:

NPI:

Date: