

**OCREVUS (OCRELIZUMAB)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- Hepatitis B antigen and Hepatitis B Core total antibody required
- Last MRI

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:** Multiple Sclerosis (ICD-10: \_\_\_\_\_)

**J Code:** J2350

**OCREVUS ORDERS**

- Loading Dose:** 300mg IV at 0 and 2 weeks
- Subsequent Dose:** 600 mg IV every 6 months

**Protocol Pre-medication Orders:**

- Solu-Medrol 100mg IV
  - Benadryl 25mg
  - Tylenol 1000mg
- PO to be given 30 minutes before infusion

**\*\*Date of last**  **Rebif**  **Betaseron**  **Avonex** **Dose:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	