

**OCREVUS (OCRELIZUMAB)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This order form signed by provider
- Patient demographics & insurance information
- Clinical/progress notes, labs, tests to support primary diagnosis
- Hepatitis B antigen & Hepatitis B Core total antibody required
- Last MRI

Patient Name:	DOB:
Allergies:	Patient phone:

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 to be given 30 minutes before infusion:
<input type="checkbox"/> Solu-Medrol 100mg IV
<input type="checkbox"/> Benadryl 25mg
<input type="checkbox"/> Tylenol 1000mg PO
Date of last Ocrevus: ___ OR ___ New Start

Additional instructions:

Physician Name:	Phone:	Fax:
------------------------	---------------	-------------

Physician signature:	Date:
-----------------------------	--------------