

**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

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:

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:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	