



159 Fountains Blvd. Madison, MS 39110
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**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, Serum Immunoglobulins recommended.
- 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 IV Tylenol 650mg PO Other _____

Required labs to be drawn by: Infusion Center Referring Physician **Lab orders:** _____

Additional Instructions:

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