

## Ocrevus (Ocrelizumab) Order Form

Ocrevus Subcutaneous—HCPCS Code: J2351 · Ocrevus Intravenous—HCPCS Code: J2350

Patient Name Middle Last DOB

Diagnosis Diagnosis Code

Height (cm) Actual Weight (kg) Allergies

\*Required labs prior to therapy initiation:

- Hepatitis B virus screening in all patients (HBsAg and anti-HBc measurements)
- Quantitative Serum Immunoglobulins

### PRE-MEDICATIONS ADMINISTERED PRIOR TO OCREVUS (PREMEDS ARE RECOMMENDED PER GUIDELINES):

Cetirizine 10 mg PO     Acetaminophen 1,000 mg PO     Methylprednisolone 100 mg IV     None

### OCREVUS DOSING & ROUTE OF ADMINISTRATION:

Below, please check the desired route of administration and dosing:

- Subcutaneous:
- Ocrelizumab 920 mg/hyaluronidase 23,000 units SUBQ once every 6 months  
- Observe patient for one hour after first dose and for 15 minutes after all other doses
- Intravenous:
- IV: 300 mg on day 1, followed by 300 mg 2 weeks later  
Subsequent doses of 600 mg are administered once every 6 months.  
- Observe patient for one hour following all doses
  - Check all that apply\*  
Ocrevus 300 mg:  Initial day 1     Day 15  
Ocrevus 600 mg:  Every 6 months (first dose scheduled 6 months after first 300 mg dose)

**Ocrevus intravenous administration:** After tolerance of the initial dose, (#2 x 300mg infusions) please check the box below if you would like patient to receive the shorter 2-hour infusion protocol for future 600mg doses.

If checkbox is not selected, patient will receive standard/slower infusion rate per package insert.

Infuse 600 mg dose over 2 hours

Orders valid through: \_\_\_\_\_

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name

Provider Signature

Date

Phone

Fax

Pager