

Ocrevus (Ocrelizumab) Order Form

- Ocrevus Subcutaneous – HCPCS Code: J2351
- Ocrevus Intravenous – HCPCS Code: J2350

Patient Name: _____	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 10mg PO
- Acetaminophen 1000mg PO
- Methylprednisolone 100mg 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 300mg: Initial day 1 Day 15
 - Ocrevus 600mg: Every 6 months (first dose scheduled 6 months after first 300mg 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 600mg 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: _____