NEW ENGLAND
Cancer Specialists

Infusion Center

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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: ◯ Inital 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