

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 (ICD-10 below)
- Hepatitis B antigen and Hepatitis B Core total antibody required

Patient Name: _____ DOB: _____

Allergies: _____ Patient Phone: _____

Diagnosis: Multiple Sclerosis (ICD-10: G35)

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

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Preferred date of 1st infusion: _____

Loading Dose: 300mg IV at 0 and 2 weeks, then 600 mg IV every 6 months

Subsequent Dose: 600 mg IV every 6 months

Protocol Pre-Medication Orders: Solu-Medrol 250mg IV, Pepcid 20mg IV, Tylenol 500mg PO, and Benadryl 25mg PO to be given 30 minutes before infusion

PRN Meds: Tylenol 500mg PO, Benedryl 25mg IV, Zofran 8mg IV once, PRN nausea/vomiting.

****Date of last** Gilenya Tecfidera Aubagio
____/____/____ ____/____/____ ____/____/____

ADDITIONAL INSTRUCTIONS:

Physician Name: _____ Phone: _____ Fax: _____

**Physician Signature: _____ Date: _____

Please fax the required information to
(214) 279-0400 or email to
infusionclinic@texasneurology.com

For any questions, please email
infusionclinic@texasneurology.com
or call (214) 279-0329

Please provide an office email for status updates: _____



INFUSION CLINIC

AT TEXAS NEUROLOGY

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