

# 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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**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 100mg IV and Benadryl 25mg PO to be given 30 minutes before infusion

**\*\*Date of last**  Rebif  Betaseron  Avonex  Tysabri  
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### 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 214-827-3610, x224



# INFUSION CLINIC

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