

# OCREVUS (ocrelizumab) infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Phone \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

**DIAGNOSIS** *Please provide ICD-10 code*

Multiple Sclerosis

(other)

**PRE-MEDICATION**

Tylenol 1000mg PO

Cetirizine 10mg PO

(other)

**OCREVUS ORDERS**

**DOSAGE/FREQUENCY**

300mg IV initial dose, followed by 2 weeks later by a second 300mg IV dose  
subsequent to first 2 doses, 600mg IV does every 6 months

**PATIENT WEIGHT**

lbs.

kg

**PREMEDICATION PER PRESCRIBING INFORMATION**

Solu-medrol 100mg IV 30 minutes prior to each treatment

Diphenhydramine 25mg PO 3-60 minutes prior to each treatment

**NOTES**

**ORDERING PROVIDER**

Signature       X       \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_