

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 at weeks 0 and 2 then 600mg IV dose every 6 months

300mg IV every 15 days for 1 year

600mg IV 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