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(ocrelizumab)

# OCREVUS infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ MO FO

### DIAGNOSIS Please provide ICD-10 code

\_\_\_\_\_ Multiple Sclerosis  \_\_\_\_\_ (other)

### PRE-MEDICATION

Tylenol 1000mg PO  \_\_\_\_\_ (other)  
 Cetirizine 10mg PO  \_\_\_\_\_ (other)

### OCREVUS ORDERS

#### DOSAGE

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

#### PREMEDICATION PER PRESCRIBING INFORMATION

#### PATIENT WEIGHT

- Solu-medrol 100mg IV 30 minutes prior to each treatment \_\_\_\_\_ lbs.
- Diphenhydramine 25mg PO 30-60 minutes prior to each treatment \_\_\_\_\_ kg

### NOTES

\_\_\_\_\_

### ORDERING PROVIDER

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