



Prestige Infusions
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Affiliation: Apex HealthRX METRODRUGS OAKHILLSPRX SPECIALTY PHARMACY GoldenHealthCare Specialty Pharmacy

OCREVUS

(ocrelizumab)

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Multiple Sclerosis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

(other)

(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 _____

Provider

Phone

Fax