



OUTPATIENT OCRELIZUMAB (OCREVUS) ORDERS:

Name: _____ DOB _____ Allergies: _____

Height: _____ Weight: _____ kg

1. _____ Assign as Outpatient
2. Diagnosis: G35.00 Multiple Sclerosis
3. Screen patients for any active infections prior to administration, if any signs or symptoms of infection present hold and call MD
4. Labs prior to each dose: CMP
5. Premedications – 30 minutes prior to infusion:
 - MethylPREDNISolone 100mg IV x 1
 - diphenhydrAMINE 25mg PO x 1
6. Line Care: Normal Saline 10 ml IV flush after each use
For Implanted Ports: Heparin 100 units/ml 5 ml flush after each use or prior to deaccessing
7. Ocrelizumab (Ocrevus) dosing: Administer through a dedicated line using a 0.2 micron in-line filter.
 - *First 2 infusions:* 300mg IV on day 1 and day 14. Begin each 300mg infusion at 30ml/hr, increase by 30ml/hr every 30 minutes to a maximum rate of 180 ml/hr. Infusion duration is 2.5 hours or longer.
 - *Subsequent infusions to start 6 months after the first 300mg dose:* 600mg IV once every 6 months.
 - i. **Previous infusion reaction:** Begin 600mg infusion at 40 ml/hr, increase by 40 ml/hr every 30 minutes to a maximum rate of 200ml/hr. Infusion duration is 3.5 hours or longer.
 - ii. **No previous serious infusion reaction:** Begin 600mg infusion at 100ml/hr for first 15 minutes, increase to 200ml/hr for 15 minutes, increase to 250ml/hr for 30 minutes and then increase to 300 ml/hr for the remaining 60 minutes. Infusion duration is 2 hours or longer.
8. Monitor for infusion reactions during infusion and observe for at least one hour after infusion is complete. If infusion reaction occurs, interrupt infusion, discontinue or decrease the rate, depending upon the severity of the reaction.
9. Discharge when patient monitoring complete

*New MD order required every 6 months

Physician Signature: _____ Date/Time: _____

