



Ocrelizumab (OCREVUS)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

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Name: _____

DOB: _____ Phone: _____

Gender: Male Female

Allergies: _____

Weight: _____

DIAGNOSIS (ICD-10 code required):

- _____ Multiple Sclerosis
- _____ Other: _____

PROVIDER REMINDERS:

- All orders with a will be placed unless otherwise noted
- Screen for viral hepatitis
- Complete any required live or live-attenuated vaccinations at least 4 weeks and non-live vaccinations at least 2 weeks prior to initiation of therapy
- Varicella immune screen, urinalysis, and urine culture before treatment start day (continue urinalysis and urine culture prior to each treatment if patient has a history of bladder infections)
- CBC w/diff and Serum Immunoglobulins (IgG, IgM, IgA) prior to treatment

TREATMENT CRITERIA:

Hold Ocrelizumab (OCREVUS) if:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Taking antibiotics for current infection
- *Initial dose only:* Unable to verify negative HBV results

Notify Provider if:

- CBC w/diff and Serum Immunoglobulins are not drawn prior to infusion

Nursing Considerations:

- Monitor for adverse reaction, including vital signs and pulse ox, every 30 minutes until max infusion rate achieved, then at the end of infusion, and one hour post infusion
- Assess for Progressive Multifocal Leukoencephalopathy (PML) to include new or worsening neurological symptoms, such as memory loss, trouble thinking, dizziness, loss of balance, loss of vision, difficulty talking or walking

Special Instruction(s):

Premedications

- Acetaminophen (TYLENOL) 650mg PO**, Once, 30 minutes prior to Ocrelizumab infusion.
- Diphenhydramine (Benadryl) 50mg PO**, Once, 30 minutes prior to Ocrelizumab infusion.
- Methylprednisolone Sodium Succinate (SOLU-MEDROL) 125mg IVP**, Once, 30 minutes prior to Ocrelizumab infusion.
- _____

Medications (REQUIRED)

Infuse **Ocrelizumab (OCREVUS)** Intravenously using an infusion set with a 0.2 or 0.22 micron in-line filter

Induction:

- 300mg on Day 1 and Day 15 (two doses, two weeks apart)
Infuse at 30mL/hour, increase by 30mL every 30 minutes to a maximum infusion rate of 180mL/hour

Maintenance: (Starting 6 months after Day 1 of Induction)

- 600mg Once, every 6 months
Infuse at 40mL/hour, increase by 40mL every 30 minutes to a maximum infusion rate of 200mL/hour
- 600mg Once, every 6 months (2-hour shorter infusion)
Start at 100 mL/hour. Increase to 200 mL/hour at 15 minutes, 250 mL/hour at 30 minutes, and maximum infusion rate of 300 mL/hour at 60 minutes until completion of infusion

- Meperidine (DEMEROL) 25mg IVP**, Once PRN, for shaking, chills, or rigors. May repeat x1 in 15 minutes if symptoms unresolved

- IV LINE CARE** per Nursing Policy
- HYPERSENSITIVITY/ANAPHYLAXIS MANAGEMENT** per Standardized Procedures

Provider Signature _____ NPI# _____ Date _____

Printed Name _____ Phone _____ Fax _____

Office Contact _____ Phone _____ Email _____