



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location:
 Merrimack, NH
 Concord, NH

Ocrevus® (ocrelizumab) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Multiple Sclerosis _____ Other: _____
 (ICD-10) (ICD-10)

- Hold infusion and notify provider for:
 - Signs/symptoms of infection, planned/recent surgical procedures, recent live vaccines, chance of pregnancy or new/worsening neurological symptoms.
- If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

Pre-medications (to be administered once 30 minutes prior to infusion):

- Tylenol 500 mg orally Pepcid 20mg PO Pepcid 20mg IV
- Benadryl 25 mg orally Solumedrol 125mg IVP Other: _____

Lab Orders: CBC w/diff every 6 months Other: _____

Induction <input type="checkbox"/>	Administer Ocrevus 300 mg in 250 ml 0.9% normal saline on Week 0 and Week 2. Administer Ocrevus 600 mg in 500 ml 0.9% normal saline 6 months after initial dose.
OR	
Maintenance <input type="checkbox"/>	Administer Ocrevus 600 mg in 500 ml 0.9% normal saline every 6 months

Administration:

- Use 0.2 or 0.22 micron in-line filter
- Monitor vital signs with every rate change, every 30 minutes and prior to discharge
- Titrate infusion rates as follows:

Infusion Time	300 mg Infusion (duration at least 2.5 hours)	600 mg infusions (duration at least 3.5 hours)	Rapid Infusion 600mg (for established patients who have previously tolerated 600mg dose well)
0	30 ml/hr	40 ml/hr	100 ml/hr
15 min	No change	No change	200 ml/hr
30 min	60 ml/hr	80 ml/hr	250 ml/hr
60 min	90 ml/hr	120 ml/hr	300 ml/hr
90 min	120 ml/hr	160 ml/hr	No change (complete after 2 hours)
120 min	150 ml/hr	200 ml/hr	
150 min	180 ml/hr	No change	
180 min	n/a (complete)		
210 min			

Observation Period:

- Monitor patient for hypersensitivity reaction for a period of 60 minutes following each infusion.

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____

Order valid for one year unless otherwise indicated here: Order expiration date: _____

Reviewed 1/4/2021. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.