



## Ocrelizumab (Ocrevus)

### Patient and Physician Information

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

### Pre-Dose Criteria – To be completed by prescriber

- ☐ Tuberculosis (TB) Skin completed on this date: \_\_\_\_\_ Results: ☐ Positive ☐ Negative
- ☐ Patient has no evidence of active infection or Sepsis
- ☐ Patient has no history of Hepatitis B
- ☐ Patient's initial quantitative immunoglobulin panel within normal limits prior to initial dose.

### Diagnosis Code/Description for treatment:

### Laboratory

- ☐ CBC WITH DIFFERENTIAL ☐ COMPREHENSIVE METABOLIC PANEL
- ☒ Notify physician AND hold dose if ANY of the following: \*Absolute neutrophil count LESS THAN 1500 cells/mm<sup>3</sup>
- \*Platelets LESS THAN 100,000 per microliter \*Liver Function test GREATER THAN 3 times the upper limit of normal

### Orders

- Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port
- ☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

### Premedication

- ☒ Acetaminophen (Tylenol) 325MG 2 TAB ORAL ONCE
- ☒ Diphenhydramine (Benadryl) 25 MG IV PUSH ONCE
- ☒ methylPREDNISolone (Solu-Medrol) 125 MG IV PUSH ONCE 30 minutes prior to IVIG infusion. (J2930 : 125 MG = 1 unit)

### Infusion – Ocrelizumab (Ocrevus) [J2350 : 1 MG = 1 unit]

#### Initial Dosing – 2 doses: First Dose given (\_\_\_\_\_) Second dose 2 weeks after first dose

- ☒ Ocrelizumab (Ocrevus) 300 MG in 250 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE. Start infusion at 30 milliliters/hour for 30 minutes, if tolerated increase by 30 milliliters/hour every 30 minutes to a max rate of 180 milliliters/hour. Total infusion time is 2.5 hours or longer. Administer through a dedicated line using a 0.2 or 0.22 micron in-line filter.

#### Maintenance Dose – Starts 6 months after first initial dose given.

- ☒ Ocrelizumab (Ocrevus) 600 MG in 500 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE EVERY 6 MONTHS. Start infusion at 40 milliliters/hour for 30 minutes, if tolerated increase by 40 milliliters/hour every 30 minutes to a max rate of 200 milliliters/hour. Total infusion time is 3.5 hours or longer. Administer through a dedicated line using a 0.2 or 0.22 micron in-line filter.

### Infusion Reaction

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

### Discharge

- ☒ Discharge home 30 minutes after treatment complete if stable.

### Date and Physician Signature

DATE: \_\_\_\_\_  
10602508

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE