



ORD

Ocrelizumab (Ocrevus)

Patient and Physician Information

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

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/mm³
 *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: _____
10602512

TIME: _____

PHYSICIAN'S SIGNATURE