



Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

Ocrelizumab (Ocrevus) Orders

Name: _____ DOB: _____

Diagnosis/Indication: _____ ICD-10 Code: _____

Has patient received Ocrevus before? NO YES (date of last infusion: _____)

1. Vital signs: Initial, then every 30 mins with rate escalation and for the duration of the infusion
2. RN to assess for:
 - Active infection. If patient shows signs and symptoms of active infection or currently taking antibiotics, hold treatment and notify provider
 - Hepatitis B Virus screening (Hep B surface antigen and core antibody) completed prior to initiation of Ocrevus. Hold treatment and contact provider if Hepatitis B shows positive HepB surface antigen, or core antibody, or if screening has not been performed.
3. Peripheral IV site with saline lock or central line if patient has one
4. Select dose:
 - Initial dose: Infuse Ocrevus 300 mg IV in 250 mL 0.9% NaCl through 0.2 micron inline filter **every 2 weeks (14 days apart) for 2 treatments**

Nursing communication: infuse Ocrevus at 30 mL/hr for the first hour. If no infusion related side effect, increase rate gradually (30 mL/hr) every 30 mins to a maximum of 180 mL/hr. Modify rate for infusion related reaction based on the severity of the reaction.

Maintenance dose: Infuse Ocrevus 600 mg IV in 500 mL 0.9% NaCl through 0.2 micron inline filter **every 6 months, starting 6 months after initial dose**

Nursing communication: infuse Ocrevus at 40 mL/hr for the first hour. If no infusion related side effects, increase rate gradually (40 mL/hr) every 30 mins to a maximum of 200 mL/hr. Modify rate for infusion related reaction based on the severity of the reaction. For patients without prior serious infusion reactions with any Ocrevus infusion, can infuse at 100 mL/hr for the first 15 mins, increase to 200 mL/hr for the next 15 mins, increase to 250 mL/hr for the next 30 mins, increase to 300 mL/hr for the remaining 60 mins.

5. Pre-medications to be given 30 minutes prior to infusion (recommended)
 - OMG Protocol for Infusions Requiring Pre-Medication
 - OR**
 - Administer the following routine pre-medications prior to each infusion
 - Acetaminophen (Tylenol) 650 mg PO
 - Antihistamine (Select one)
 - Diphenhydramine (Benadryl) 25 mg PO
 - Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins
 - Loratadine (Claritin) 10 mg PO
 - Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min
 - Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min
 - Ondansetron 4 mg IV **OR** Ondansetron 8 mg IV
 - Other: _____

6. For infusion reaction (**Must select one to be considered a complete order**)



Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

Acute Infusion Reaction Protocol

Other _____

7. Monitor patient for Ocrevus infusion-related reactions for 1 hour after completion of infusion.

Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment and the patient should not be infected. Please send results with order (non-OMG providers).

Provider Signature: _____ Date: _____
(NO PROVIDER STAMPS) (Orders expire after 365 days)

Provider's Printed Name: _____ Time: _____

Patient Name: _____ DOB: _____