

Hospitalize as: Inpatient Outpatient/Observation Diagnosis: _____

- Screen patient at each visit for active infection before any treatment is given, including TB and hepatitis. If active infection present, notify provider immediately.
- Assess patient for any new signs/symptoms suggestive of progressive multifocal leukoencephalopathy (PML), for example, changes in memory, thinking, eyesight, balance, or strength. If present, notify provider immediately.
- Screen patient at each visit for pregnancy status and notify provider of possible pregnancy. Effective contraception should be used during and for 6 months following treatment.

The following orders will be enacted unless a specific order is written to the contrary:

1. Monitor for infusion reactions during and for at least 1 hr after end of infusion (infusion rx's can occur up to 24 hr after infusion).
2. RN to review Medication Guide with patient prior to each treatment.
3. Live vaccinations should not be given concurrently with Ocrevus.

Pre-Medication Orders

- Acetaminophen 650 mg PO 30 to 60 minutes prior to each infusion
- Diphenhydramine (Benadryl) 50 mg IV 30 to 60 minutes prior to each infusion
- Methylprednisolone (Solu-Medrol) 100 mg IV 30 minutes prior to each infusion

Dosing (All orders will be enacted unless a specific order is written to the contrary)

- **First 2 doses:** Ocrevus 300 mg IV on Day 1, followed by 300 mg IV two weeks later
- **Subsequent doses:** Ocrevus 600 mg IV once every 6 months, beginning 6 months after the first 300 mg dose
- **Missed doses:** If a dose is missed, administer as soon as possible, then adjust dose schedule to administer the next sequential dose 6 months after the missed dose was administered. Doses must be separated by at least 5 months.

Administration (All orders will be enacted unless a specific order is written to the contrary)

- Administer through a dedicated IV line using a 0.2 or 0.22 micron in-line filter
- **First 2 infusions:**
Ocrevus 300 mg / 250 ml 0.9% Sodium Chloride IV. Infuse at an initial rate of 30 ml/hr; increase by 30 ml/hour every 30 minutes to a max rate of 180 ml/hr. Infusion duration ~ 2.5 hrs or longer (may take longer if infusion is interrupted or slowed).
- **Subsequent infusions:**
Ocrevus 600 mg / 500 ml 0.9% Sodium Chloride IV. Infuse at an initial rate of 40 ml/hr; increase by 40 ml/hr every 30 minutes to a max rate of 200 ml/hr. Infusion duration ~ 3.5 hrs or longer (may take longer if infusion is interrupted or slowed).

Infusion reaction protocol:

For **MINOR AND MODERATE** infusion reactions (ex: fever, flushing, chills, pruritus, urticaria, rash, arthralgia, nausea/vomiting):

- Reduce infusion rate to one-half of the rate at which the reaction occurred.
- Maintain reduced rate for at least 30 minutes.
- If the reduced rate is tolerated, increase the rate every 30 minutes by 30 ml/hr to a maximum rate of 180 ml/hr (for the 300mg dose) or by 40 ml/hr to a maximum rate of 200 ml/hr (for the 600mg dose).

For **SEVERE** but NOT life-threatening infusion reactions:

- STOP infusion immediately and administer supportive management as needed.
- Diphenhydramine (Benadryl) 25 mg IV x 1 dose
- Methylprednisolone (Solu-Medrol) 125 mg IV x 1 dose
- After all symptoms have resolved, restart infusion at one-half of the rate at which the reaction occurred.
If the reduced rate is tolerated, increase the rate every 30 minutes by 30 ml/hr to a maximum rate of 180 ml/hr (for the 300mg dose) or by 40 ml/hr to a maximum rate of 200 ml/hr (for the 600mg dose).

For **LIFE-THREATENING** infusion reactions:

- STOP infusion immediately and permanently discontinue infusion
- For **ANAPHYLAXIS:** Epinephrine (EpiPen) 0.3 mg (0.3 ml) IM x 1 STAT, administered in anterolateral aspect of the thigh
- For **HYPOTENSION:** Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Notify physician and transport the patient to the emergency department

Physician Signature

Date / Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS
OCRELIZUMAB (OCREVUS)
INFUSION THERAPY CENTER



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