



477 W. Horton Rd
 Bellingham, WA 98226
 Phone (360) 933-4892
 Fax (360) 933-1197

Patient Name: _____

Date of Birth: _____ Wt: _____ Ht: _____

IV Access: _____

Allergies: _____

Ocrevus Order Form

◆ **Orders are initiated unless crossed out by provider.**

Check box to initiate order.

Please complete this form and fax to (360)933-1197. Call our office for pharmacist recommendations.

Diagnoses:

Multiple Sclerosis

ICD-10: G35

ICD-10: _____

- ◆ Has patient received Ocrevus before? No Yes (date of last infusion: _____)
- ◆ Hepatitis B virus screening (HBsAg and anti-HBc) prior to therapy initiation required
 Date performed: _____ Negative Positive (contraindicated)

Medication Orders:

- ◆ **Ocrevus (ocrelizumab)** **Use 0.2 micron filter for administration**
 Initiation: 300 mg/250 ml NS IV on day 1 and 15, then start maintenance dosing every 6 months. Begin infusion at 30 mL/hour; increase by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour.
 Maintenance: 600 mg/500 ml NS IV every 6 months. Begin infusion at 100 mL/hour; increase to 200 mL/hour at 15 minutes; increase to 250 mL/hour at 30 minutes; increase to maximum rate of 300 mL/hour at 60 minutes.

- If any serious infusion reactions occur, use slower rate for 600mg dose. Begin infusion at 40 mL/hour; increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour.

Start	100 mL/hr
At 15 min	200 mL/hr
At 30 min	250 mL/hr
At 60 min	300 mL/hr

◆ **Premedication:**

Methylpredisolone: 100 mg IV Other steroid/dose: _____
 Diphenhydramine: 25mg IV 50 mg IV Other antihistamine/dose: _____
 Acetaminophen: 650 mg PO 1000 mg PO
 Other premedication/dose: _____

- ◆ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ◆ Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

- ◆ If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or as needed.
- ◆ Monitor for infusion reactions during infusions, and observe for at least 1 hour after completion.
- ◆ **Dosage adjustment for infusion reactions:**
Mild to moderate reactions: Reduce the 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 as usual.
Severe reactions: Interrupt infusion immediately and administer supportive management as needed. After all symptoms have resolved, restart infusion beginning at a rate one-half of the rate at onset of reaction. If the reduced rate is tolerated, increase the rate as usual.
Life-threatening reactions: Immediately stop and permanently discontinue infusion for life-threatening or disabling infusion reaction.

Labs:

_____ Each infusion Other frequency _____

 Prescriber Signature

 Date

 Please Print Name

Form # 350

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