ADVANCED
INFUSION CENTER

Ocrevus (Ocrelizumab) Administration Orders

Patient's Name: _____DOB_____Weight_____lb/kg
Diagnosis: _____ICD 10 Code (required)_____J Code: J2350 CPT: 96413/96415

Allergies: _____

Premedicate 30 minutes prior to infusion. (Please, check all that apply.)

__ Solu-Medrol 100 mg IVP

__Benadryl 25 mg PO/IV

__Tylenol 650 mg PO

__Pregnancy screen

__Hepatitis B screen

__ No live vaccines six weeks prior

___Ocrevus INITIAL DOSE (two doses of 300 mg in 250 ml NS 15 days apart

- Start infusion rate @30 ml/hr. x 30 minutes.
- Increase rate to 60 ml/hr. x 30 minutes.
- Increase rate to 90 ml/hr. x 30 minutes.
- Increase rate to 120 ml /hr. x 30 minutes.
- Increase rate to 150 ml/hr. x 30 minutes.
- Increase rate to 180 ml/hr. until infusion completed.

__Ocrevus OPTION #1 (3.5-4 hr.) subsequent doses (600 mg/500ml NS every 6 months)

- Start infusion rate @40 ml/hr. x 30 minutes.
- Increase to 80 ml/hr. x30 minutes.
- Increase to 120 ml/hr. x 30 minutes.
- Increase to 160 ml/hr. x30 minutes.
- Increase to 200 ml/hr. until infusion completed.

___ Ocrevus OPTION #@ (2 hour) If no prior serious infusion reactions with Ocrevus infusion doses (600mg/500 ml every 6 months)

- start infusion rate @ 100 ml/hr. x 15 minutes.
- Increase rate to 200 ml/hr. x 15 minutes.
- Increase rate to 250 ml/hr. x 30 minutes.
- Increase rate to 300 ml/hr. x 60 minutes or until infusion completed.

- **Mild to moderate reaction occurs during infusion:** Reduce the rate to half the rate at the onset and continue that rate for 30 minutes. IF tolerated, increase the rate as above. **Severe reaction occurs during infusion:** Stop Ocrevus And start normal saline at 100 ml/hr.; give Benadryl 50 mg IVP; Give Soly-Medrol 60 mg IVP; Call physician prior to restarting. **For ANAPHYLAXIS:** Epinephrine 1:1000 (1mg/ml),0.5mg SQ, repeat twice at 20-minute intervals and call 911; Oxygen 2-5 l/min prn dyspnea or chest pain.

Physician Signature: **Date**

Physician Name: **FAX:** **PH#**

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