LOUIS H. MEDVED, MD
INFUSION THERAPY

Patient Name:

DOB:

# Ocrelizumab (Ocrevus®) Infusion Orders

**Diagnosis (please provide ICD-10 code in space provided):**

_____ Multiple Sclerosis (ICD-10)  _____ Other: _____ (ICD-10)

- Hold infusion and notify provider for:
  - Signs/symptoms of infection, planned/recent surgical procedures, recent live vaccines, chance of pregnancy or new/worsening neurological symptoms.
- If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

**Pre-medications** (to be administered once *30 minutes prior* to infusion):

☑ Tylenol 1000 mg PO  ☑ Solu-medrol 125 mg IVP  ☑ Benadryl 50 mg IV
☐ Loratadine 10 mg PO  ☐ Famotidine 20 mg PO  ☐ Other:

**Lab Orders:**

| | |
|---|---|
| Induction ☐ | **Administer Ocrevus 300 mg in 250 ml 0.9% normal saline on Week 0 and Week 2.**<br>**Administer Ocrevus 600 mg in 500 ml 0.9% normal saline 6 months after initial dose.** |
| **OR** | |
| Maintenance ☐ | **Administer Ocrevus 600 mg in 500 ml 0.9% normal saline every 6 months** |

**Administration:**

- Use **0.2 or 0.22 micron in-line filter**
- Monitor **vital signs every 30 minutes**
- Titrate infusion rates as follows:

| Hour | 300 mg Infusion (duration at least 2.5 hours) | 600 mg infusions (duration at least 3.5 hours) |
|---|---|---|
| 0 | 30 ml/hr | 40 ml/hr |
| 0.5 | 60 ml/hr | 80 ml/hr |
| 1 | 90 ml/hr | 120 ml/hr |
| 1.5 | 120 ml/hr | 160 ml/hr |
| 2 | 150 ml/hr | 200 ml/hr |
| 2.5 | 180 ml/hr | No change |
| 3 | n/a (complete) | |
| 3.5 | | |

**Observation Period:**

- Monitor patient for hypersensitivity reaction for a period of **60 minutes following each infusion**.
- Record vital signs prior to discharge.

Provider (please print): _____

Provider signature: _____ Date: _____

Revised 10/24/19. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.