

Ocrevus (ocrelizumab) Order Set

Phone (616) 394-3547

Fax (616) 394-2139

 • **Contraindications** - previous life threatening infusion reactions, and active Hepatis B reactions.

 = Optional Order • = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

 Hepatitis B Test: Date Performed: _____ Negative Positive (contraindicated)

**Initial Hepatitis B Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*
Pre-Medications (Give prior to infusion)

- Methylprednisolone (Solu-medrol) 125 mg IVP administer Famotidine 20 mg PO. (Optional)
30-60 minutes prior to each infusion.
- Benadryl 25mg IV
- Tylenol 650 mg PO

Initial

-
- Ocrevus (ocrelizumab) 300mg IVPB on week 0 and week 2

Subsequent

-
- Ocrevus (ocrelizumab) 600mg IVBP every 6 months (schedule 6 months from week 0 dose)

Administration and Nursing Considerations:

- Use 0.2 or 0.22 micron in-line filter
- Monitor for infusion reactions during infusions and observe for at least 1 hour after completion.

Titrate infusion rates as follows:

Infusion Time	300 mg Infusion (Duration at least 2.5 hours)	600 mg Infusions (Durations at least 3.5 hours)	Rapid Infusion 600mg (for established patient who have previously tolerated the initial doses well)
0	30 ml/hr	40 ml/hr	100 ml/hr
15 min	No change	No change	200 ml/hr
30 min	60 ml/hr	80 ml/hr	250 ml/hr
60 min	90 ml/hr	120 ml/hr	300 ml/hr
90 min	120 ml/hr	160 ml/hr	No change (complete at 2 hours)
120 min	150 ml/hr	200 ml/hr	
150 min	180 ml/hr	No change	
180 min	n/a (complete)		
210 min			

Treatment for adverse drug reactions: (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug 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.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

