

ADMIT to outpatient infusion service FOR OCRELIZUMAB INFUSION (OCREVUS)

Diagnosis:

- ☐ Multiple Sclerosis
☐ OTHER (specify) _____

*Physician office to verify results of hepatitis profile prior to referral. Proceed with treatment if results are nonreactive or negative.

Lab:

- ☐ CBC with diff ☐ CBC and ANC
☐ Profile 1 ☐ Profile 3
☐ Proceed with treatment if ALC >500 and WBC >4000. If lower, DocHalo physician for approval to infuse.
☐ Additional labs: _____

Pre-Infusion Orders (administer 30 minutes prior to infusion)

- ☐ Acetaminophen 650 mg PO with each treatment
☐ Diphenhydramine 25 mg PO with each treatment ☐ Diphenhydramine 50 mg PO with each treatment
☐ Methylprednisolone 125 mg IVP with each treatment ☐ Famotidine 20 mg IVP over 2 minutes with each treatment
☐ Other: _____

For Infusion Reactions:

*Follow Infusion Center Standing orders for Neurology Center of East Alabama Patients

Infusion Orders

Drug	Fluid	Dose	Route
<input type="checkbox"/> Ocrevus ocrelizumab	NS 250 mL	300 mg	IV Infusion
<input type="checkbox"/> Ocrevus ocrelizumab	NS 500 mL	600 mg	IV infusion

Ancillary Treatment/Administrative Procedures

- ❖ May use Infusion Center standing orders.
- ❖ Initial doses of Ocrevus (300 mg) are to be given at a rate of 30 mL/hr, if tolerated, and can be increased by 30 mL/hr q 30 minutes if tolerated to a goal maximum rate of 180 mL/hr. Subsequent doses (600mg) may start at 40 mL/hr and be increased at a rate of 40 mL/hr every 30 minutes if tolerated to a goal maximum rate of 200 mL/hr.
- ❖ Use a 0.2-0.22 micron in line filter set.
- ❖ Monitor vital signs prior to start of infusion then every 30 minutes and at completion of infusion.
- ❖ Infuse NS at 50 mL/hr as mainline fluid.
- ❖ Monitor patient for infusion reaction signs and symptoms for one hour after completion of infusion.

Schedule repeat infusion:

- ☐ In 2 weeks to complete 2nd loading dose (2nd loading dose: 300mg)
☐ Once q 6 months x _____ doses. (600mg)

Call 334-203-1917 and notify Neurology Center of East Alabama office of the next infusion date scheduled.

Physician Signature

Date

Time

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Ocrelizumab**

Patient Identification