



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

Patient Name: _____

Date of Birth: _____ Weight: _____

IV Access: _____ Height: _____

Allergies: _____

Ocrevus Order Form

Please fax this form, copies of insurance cards, demographics, and supporting clinical documentation to
(360) 933-1197 to facilitate an efficient referral. Thank you for choosing Infusion Solutions!

Diagnoses:

☐ Multiple Sclerosis, Relapsing-remitting

ICD-10: G35.A

☐ Multiple Sclerosis, Active secondary progressive

ICD-10: G35.C1

☐ _____

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.
- ◆ **Premedication:**
 - Methylprednisolone: ☐ 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 declot 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.

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

Nursing Orders:

- ◆ If no central IV access, RN to insert peripheral IV, rotate site as needed, and remove at end of therapy.
- ◆ Monitor for infusion reactions during infusions, and observe for at least 1 hour after completion.
- ◆ **Rate 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

KEY: ◆ Orders are initiated unless crossed out by provider.

☐ Check box to initiate order.