Physician's Orders
OCRELIZUMAB (OCREVUS),
DAYS 1 AND 15 THEN EVERY 6 MONTHS -
ADULT, OUTPATIENT, INFUSION CENTER

Anticipated Infusion Date_____________ ICD 10 Code with Description____________________________________

Height__________ (cm) Weight__________ (kg) Allergies________________________________________

Provider Specialty
☐ Allergy/Immunology  ☐ Infectious Disease  ☐ OB/GYN  ☐ Rheumatology
☐ Cardiology  ☐ Internal Med/Family Practice  ☐ Other  ☐ Surgery
☐ Gastroenterology  ☐ Nephrology  ☐ Otolaryngology  ☐ Urology
☐ Genetics  ☐ Neurology  ☐ Pulmonary  ☐ Wound Care

Site of Service
☐ SH Gerber  ☐ SH Lemmen Holton (GR)  ☐ SH Pennock  ☐ SH United Memorial
☐ SH Helen DeVos (GR)  ☐ SH Ludington  ☐ SH Reed City  ☐ SH Zeeland

Treatment Intent
☐ Conditioning  ☐ Curative  ☐ Mobilization  ☐ Supportive
☐ Control  ☐ Maintenance  ☐ Palliative

Types: NON-ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE 2, ONCOLOGY SUPPORTIVE CARE 3

Synonyms: OCRELIZUMAB, OCREVUS, MS, RELAPSING MS, PROGRESSIVE, PRIMARY MS, NEUROLOGY

Cycle 1

Day 1

Appointment Requests

ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1

Interval: Once  Occurrences: 1 Treatment

Expected: S, Expires: S+365, 300 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Provider Ordering Guidelines

ONC PROVIDER REMINDER 18

Interval: Once  Occurrences: 1

Comments: OCRELIZUMAB (OCREVUS): Premedicate with methylprednisolone (125 mg IV) 30 minutes prior to each infusion, and an antihistamine (eg, diphenhydramine) 30 to 60 minutes prior each infusion; may also consider premedication with acetaminophen. Assess for infection; delay administration for active infection.

Screen for hepatitis B virus in all patients (HBsAg and anti-HBc measurements) prior to treatment initiation. Refer to specialist as warranted by serology.

Safety Parameters and Special Instructions

ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

Interval: Until discontinued  Occurrences: 1

Comments: HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.
Nursing Orders

**ONC NURSING COMMUNICATION 18**
Interval: Once  Occurrences: 1  
Comments: OCRELIZUMAB (OCREVUS): Premedicate patient prior to each infusion. Monitor for infusion reactions during infusion and observe for at least one hour after infusion is complete. If infusion reaction occurs, interrupt infusion, discontinue or decrease the rate, depending on the severity of the reaction.

Administer though a dedicated IV line using a 0.2 or 0.22 micron in-line filter.

First 2 infusions (300 mg dose): Begin infusion at 30 mL/hour; increase by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour. Infusion duration is 2.5 hours or longer.

Subsequent infusions (600 mg dose):

Option 1: Begin infusion at 40 mL/hour; increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour. Infusion duration is 3.5 hours or longer.

Option 2 (if no previous serious infusion reactions to ocrelizumab): Begin infusion at 100 mL/hour for first 15 minutes; increase to 200 mL/hour for the next 15 minutes; increase to 250 mL/hour for the next 30 minutes; increase to 300 mL/hour for the remaining 60 minutes. Infusion duration is 2 hours or longer.

Nursing Orders

**ONC NURSING COMMUNICATION 9**
Interval: Until discontinued  Occurrences: 1  
Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

Nursing Orders

**ONC NURSING COMMUNICATION 200**
Interval: Until discontinued  Occurrences: 1  
Comments: May Initiate IV Catheter Patency Adult Protocol.

Nursing Orders

**ONC NURSING COMMUNICATION 22**
Interval: Once  Occurrences: 1  
Comments: Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.

Vitals

**VITAL SIGNS**
Interval: PRN  Occurrences: 1  
Comments: Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.

Treatment Parameters

**ONC MONITORING AND HOLD PARAMETERS 3**
Interval: Until discontinued  Occurrences: 1  
Comments: May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.
OCRELIZUMAB (OCREVUS),
DAYS 1 AND 15 THEN EVERY 6 MONTHS -
ADULT, OUTPATIENT, INFUSION CENTER  
(CONTINUED)

<table>
<thead>
<tr>
<th>Pre-Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>acetaminophen (TYLENOL) tablet</strong></td>
</tr>
<tr>
<td>Dose: 325 mg Route: Oral Once for 1 dose</td>
</tr>
<tr>
<td>□ 325 mg</td>
</tr>
<tr>
<td>□ 500 mg</td>
</tr>
<tr>
<td>□ 800 mg</td>
</tr>
<tr>
<td>□ 1000 mg</td>
</tr>
<tr>
<td>Offset: 0 Hours</td>
</tr>
<tr>
<td>Instructions: Administer 30 to 60 minutes prior to infusion.</td>
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<tr>
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<tbody>
<tr>
<td><strong>diphenhydrAMINE (BENADRYL) capsule</strong></td>
</tr>
<tr>
<td>Dose: 25 mg Route: Oral Once for 1 dose</td>
</tr>
<tr>
<td>□ 25 mg</td>
</tr>
<tr>
<td>□ 50 mg</td>
</tr>
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<td>Offset: 0 Hours</td>
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<tr>
<td><strong>methylPREDNISolone sodium succinate (SOLU-Medrol) injection</strong></td>
</tr>
<tr>
<td>Dose: 125 mg Route: Intravenous Once over 30 Minutes for 1 dose</td>
</tr>
<tr>
<td>Offset: 0 Hours</td>
</tr>
<tr>
<td>Instructions: For use in OP Infusion. Administer prior to infusion. Maximum infusion rate 40 mg/min. Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.</td>
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<tr>
<td><strong>ocrelizumab (OCREVUS) 300 mg in sodium chloride 0.9 % 250 mL IVPB</strong></td>
</tr>
<tr>
<td>Dose: 300 mg Route: Intravenous Titrate for 1 dose</td>
</tr>
<tr>
<td>Offset: 30 Minutes</td>
</tr>
<tr>
<td>Instructions: First 2 infusions (300 mg dose): Begin infusion at 30 mL/hour; increase by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour. Infusion duration is 2.5 hours or longer. Subsequent infusions (600 mg dose): Begin infusion at 40 mL/hour; increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour. Infusion duration is 3.5 hours or longer. Monitor for infusion reactions during infusion and observe for at least one hour after infusion is complete. If infusion reaction occurs, interrupt infusion, discontinue or decrease the rate, depending on the severity of the reaction. Administer through a dedicated IV line using a 0.2 or 0.22 micron in-line filter.</td>
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<tr>
<th>Day 15 Appointment Requests</th>
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<tbody>
<tr>
<td><strong>ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1</strong></td>
</tr>
<tr>
<td>Interval: Once Occurrences: 1 Treatment</td>
</tr>
<tr>
<td>Expected: S Expires: S+365, 300 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after</td>
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OCRELIZUMAB (OCREVUS),
DAYS 1 AND 15 THEN EVERY 6 MONTHS -
ADULT, OUTPATIENT, INFUSION CENTER  *(CONTINUED)*

Provider Ordering Guidelines

**ONC PROVIDER REMINDER 18**
Interval: Once  Occurrences: 1

Comments: OCRELIZUMAB (OCREVUS): Premedicate with methylprednisolone (125 mg IV) 30 minutes prior to each infusion, and an antihistamine (eg, diphenhydramine) 30 to 60 minutes prior each infusion; may also consider premedication with acetaminophen. Assess for infection; delay administration for active infection.

Screen for hepatitis B virus in all patients (HBsAg and anti-HBc measurements) prior to treatment initiation. Refer to specialist as warranted by serology.

Nursing Orders

**ONC NURSING COMMUNICATION 18**
Interval: Once  Occurrences: 1

Comments: OCRELIZUMAB (OCREVUS): Premedicate patient prior to each infusion. Monitor for infusion reactions during infusion and observe for at least one hour after infusion is complete. If infusion reaction occurs, interrupt infusion, discontinue or decrease the rate, depending on the severity of the reaction.

Administer though a dedicated IV line using a 0.2 or 0.22 micron in-line filter.

First 2 infusions (300 mg dose): Begin infusion at 30 mL/hour; increase by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour. Infusion duration is 2.5 hours or longer.

Subsequent infusions (600 mg dose):

Option 1: Begin infusion at 40 mL/hour; increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour. Infusion duration is 3.5 hours or longer.

Option 2 (if no previous serious infusion reactions to ocrelizumab): Begin infusion at 100 mL/hour for first 15 minutes; increase to 200 mL/hour for the next 15 minutes; increase to 250 mL/hour for the next 30 minutes; increase to 300 mL/hour for the remaining 60 minutes. Infusion duration is 2 hours or longer.

**ONC NURSING COMMUNICATION 100**
Interval: Until discontinued  Occurrences: 1
Comments: May Initiate IV Catheter Patency Adult Protocol

**ONC NURSING COMMUNICATION 22**
Interval: Once  Occurrences: 1
Comments: Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.

**VITAL SIGNS**
Interval: PRN  Occurrences: 1
Comments: Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.
OCRELIZUMAB (OCREVUS), DAYS 1 AND 15 THEN EVERY 6 MONTHS - ADULT, OUTPATIENT, INFUSION CENTER  (CONTINUED)

Pre-Medications

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<thead>
<tr>
<th>Medication Name</th>
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<th>Offset</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen (TYLENOL) tablet</td>
<td>Oral</td>
<td>325 mg</td>
<td>0 Hours</td>
<td>Administer 30 to 60 minutes prior to infusion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>650 mg</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>1000 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diphenhydramine (BENADRYL) capsule</td>
<td>Oral</td>
<td>25 mg</td>
<td>0 Hours</td>
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<td>methylprednisolone sodium succinate (SOLU-Medrol) injection 125 mg</td>
<td>Intravenous</td>
<td>125 mg</td>
<td>0 Hours</td>
<td>For use in OP Infusion. Administer prior to infusion. Maximum infusion rate 40 mg/min. Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.</td>
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Cycle 2

Day 1

Cycle length: 168 days
Perform every 1 day x 1

Appointment Requests

<table>
<thead>
<tr>
<th>Occurrence</th>
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<th>Occurrences</th>
<th>Expected</th>
<th>Expires</th>
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<tbody>
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Page 6 to 7

Provider Ordering Guidelines

ONC PROVIDER REMINDER 18
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Comments: OCRELIZUMAB (OCREVUS): Premedicate with methylprednisolone (125 mg IV) 30 minutes prior to each infusion, and an antihistamine (eg, diphenhydramine) 30 to 60 minutes prior each infusion; may also consider premedication with acetaminophen. Assess for infection; delay administration for active infection.

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Nursing Orders

ONC NURSING COMMUNICATION 18
Interval: Once Occurrences: 1

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Subsequent infusions (600 mg dose):

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Option 2 (if no previous serious infusion reactions to ocrelizumab): Begin infusion at 100 mL/hour for first 15 minutes; increase to 200 mL/hour for the next 15 minutes; increase to 250 mL/hour for the next 30 minutes; increase to 300 mL/hour for the remaining 60 minutes. Infusion duration is 2 hours or longer.

Vitals

VITAL SIGNS
Interval: PRN Occurrences: 1

Comments: Take vital signs at initiation and completion of infusion and as frequently as indicated by patient’s symptoms.
OCRELIZUMAB (OCREVUS),
DAYS 1 AND 15 THEN EVERY 6 MONTHS -
ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Pre-Medications

○ acetaminophen (TYLENOL) tablet
  
  **Dose:** 325 mg, 500 mg, 650 mg, 1000 mg  
  **Route:** Oral  
  **Instructions:**  
  Administer 30 to 60 minutes prior to infusion.

○ diphenhydramine (BENADRYL) capsule
  
  **Dose:** 25 mg, 50 mg  
  **Route:** Oral  
  **Instructions:**  
  Administer 30 to 60 minutes prior to infusion.

○ methylprednisolone sodium succinate (SOLU-Medrol) injection 125 mg
  
  **Dose:** 125 mg  
  **Route:** Intravenous  
  **Instructions:**  
  For use in OP Infusion. Administer prior to infusion. Maximum infusion rate 40 mg/min.  
  Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

Medications

○ ocrelizumab (OCREVUS) 600 mg in sodium chloride 0.9 % 500 mL IVPB
  
  **Dose:** 600 mg  
  **Route:** Intravenous  
  **Instructions:**  
  First 2 infusions (300 mg dose): Begin infusion at 30 mL/hour; increase by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour. Infusion duration is 2.5 hours or longer.  
  Subsequent infusions (600 mg dose): Begin infusion at 40 mL/hour; increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour. Infusion duration is 3.5 hours or longer.  
  Monitor for infusion reactions during infusion and observe for at least one hour after infusion is complete. If infusion reaction occurs, interrupt infusion, discontinue or decrease the rate, depending on the severity of the reaction.  
  Administer through a dedicated IV line using a 0.2 or 0.22 micron in-line filter.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.