Physician's Orders
OCRELIZUMAB (OCREVUS),
EVERY 6 MONTHS MAINTENANCE - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 of 5

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: OCRRELIZUMAB, 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 Treatment
  Comments: OCRRELIZUMAB (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 6
  Interval: Until discontinued Occurrences: 1 Treatment
  Comments: ocrelizumab (OCREVUS): Ensure the timing of previous dose and start of subsequent/maintenance doses is 6 months.

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
### Nursing Orders

<table>
<thead>
<tr>
<th>ONC NURSING COMMUNICATION 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interval:</strong> Once</td>
</tr>
<tr>
<td><strong>Comments:</strong> 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.</td>
</tr>
</tbody>
</table>

Administer through 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

<table>
<thead>
<tr>
<th>ONC NURSING COMMUNICATION 100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interval:</strong> Until discontinued</td>
</tr>
<tr>
<td><strong>Comments:</strong> May Initiate IV Catheter Patency Adult Protocol.</td>
</tr>
</tbody>
</table>

### Nursing Orders

<table>
<thead>
<tr>
<th>ONC NURSING COMMUNICATION 22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interval:</strong> Once</td>
</tr>
<tr>
<td><strong>Comments:</strong> Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.</td>
</tr>
</tbody>
</table>

### Vitals

<table>
<thead>
<tr>
<th>VITAL SIGNS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interval:</strong> PRN</td>
</tr>
<tr>
<td><strong>Comments:</strong> Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.</td>
</tr>
</tbody>
</table>

### Treatment Parameters

<table>
<thead>
<tr>
<th>ONC MONITORING AND HOLD PARAMETERS 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interval:</strong> Until discontinued</td>
</tr>
<tr>
<td><strong>Comments:</strong> 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.</td>
</tr>
</tbody>
</table>

### Pre-Medications

<table>
<thead>
<tr>
<th>acetaminophen (TYLENOL) tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose:</strong></td>
</tr>
<tr>
<td>☐ 325 mg</td>
</tr>
<tr>
<td>☐ 500 mg</td>
</tr>
<tr>
<td>☐ 650 mg</td>
</tr>
<tr>
<td>☐ 1000 mg</td>
</tr>
</tbody>
</table>

Instructions: Administer 30 to 60 minutes prior to infusion.
OCRELIZUMAB (OCREVUS),
EVERY 6 MONTHS MAINTENANCE -
ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Pre-Medications

◉ diphenhydrAMINE (BENADRYL) capsule
Dose: 25 mg Route: Oral Offset: 0 Hours
Offset: 0 Hours
Instructions:
Administer 30 to 60 minutes prior to infusion.

Pre-Medications

◉ methylPREDNISolone sodium succinate (SOLU-Medrol) injection
Dose: 125 mg Route: Intravenous Offset: 0 Hours
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 % 520 mL IVPB
Dose: 600 mg Route: Intravenous Offset: 30 Minutes
Instructions:
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.

Cycle 2
Cycle length: 168 days
Day 1
Perform every 1 day x1

Appointment Requests

◉ ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST
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 Treatment
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 Treatment

**Comments:** OCORELIZUMAB (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 through 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 Treatment

**Comments:** May Initiate IV Catheter Patency Adult Protocol

**ONC NURSING COMMUNICATION 22**

**Interval:** Once  
**Occurrences:** 1 Treatment

**Comments:** Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.

**VITAL SIGNS**

**Interval:** PRN  
**Occurrences:** 1 Treatment

**Comments:** Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.

**Pre-Medications**

**acetaminophen (TYLENOL) tablet**

**Dose:**  
- □ 325 mg  
- □ 500 mg  
- □ 650 mg  
- □ 1000 mg  

**Route:** Oral

**Offset:** 0 Hours

**Instructions:** Administer 30 to 60 minutes prior to infusion.
**Pre-Medications**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Offset</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>diphenhydramine (BENADRYL) capsule</td>
<td></td>
<td>Oral</td>
<td>0 Hours</td>
<td>Administer 30 to 60 minutes prior to infusion.</td>
</tr>
<tr>
<td>methylprednisolone sodium succinate (SOLU-Medrol) injection</td>
<td>125 mg</td>
<td>Intravenous</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>
</tr>
<tr>
<td>ocrelizumab (OCREVUS) 600 mg in sodium chloride 0.9% 520 mL IVPB</td>
<td>600 mg</td>
<td>Intravenous</td>
<td>30 Minutes</td>
<td>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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**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.