



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714  
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Ocrelizumab (Ocrevus)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Treatment regimen

- Administer at least 30 minutes prior to ocrelizumab (please check all that apply):
  - Acetaminophen \_\_\_\_\_ mg po
  - Diphenhydramine \_\_\_\_\_ mg  po  IV push
  - Methylprednisolone 100 mg IV push
  - Other \_\_\_\_\_
  
- Please check one of the following:
  - Initial 2 Infusions: 300 mg dose
    - Ocrelizumab 300 mg in 250 mL 0.9% NaCl IVPB using a 0.2 micron filter on **days 1 and 15 for the initial dose only**
    - Initiate infusion at 30 mL/hr and, in the absence of infusion-related reactions, increase rate by 30 mL/hr every 30 minutes, to a maximum of 180 mL/hr (*duration 2.5 hours or longer*)
  - Subsequent Infusion: 600 mg dose (*beginning 6 months following the initial 2 infusions*)
    - Ocrelizumab 600 mg in 500 mL 0.9% NaCl IVPB using a 0.2 micron filter **every 6 months (choose an option or will be run based on patient tolerance)**
      - Option 1:** Initiate infusion at 40 mL/hr and, in the absence of infusion-related reactions, increase rate by 40 mL/hr every 30 minutes, to a maximum of 200 mL/hr (*duration 3.5 hours or longer*)
      - Option 2:** (*If no previous serious infusion reactions to ocrelizumab*): Initiate 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. duration is 2 hours or longer.
    - Flush IV line with 30-50mL 0.9% NaCl following completion of ocrelizumab infusion
    - Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required
- Observe patient for at least 60mins following completion of each infusion for possible infusion-related reactions

Duration of Order: 1 year (unless otherwise specified: \_\_\_\_\_)

Rescue medications to be given for anaphylactic reactions (patients >40kg):

- Epinephrine 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- Diphenhydramine 50mg IV Push x 1 over 2 minutes
- Sodium Chloride 0.9% 250mL IV x 1 at 250mL/hour

Additional orders: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_