

Patient Name: _____

DOB: _____

OCREVUS® (OCRELIZUMAB) INFUSION ORDERS

Diagnosis: G35 Multiple Sclerosis Relapsing forms of MS (RMS) Primary Progressive MS (PPMS)
 Other: _____

Prescriber must indicate the following requirements have been met (attach documentation of test results):
 multiple sclerosis confirmed via MRI HBV screening **negative** serum quantitative immunoglobulin within normal limits
If HBV or serum quantitative immunoglobulin are out of range, attach treatment/consultation notes clearing the patient for ocrelizumab.

Pre-Treatment: Hold infusion and notify the provider if the patient reports:

- abnormal vital signs;
- signs/symptoms of infection;
- planned/recent invasive procedure;
- recent live vaccinations;
- new or worsening neurological symptoms;
- new or persistent diarrhea or other gastrointestinal symptoms; or
- possibility of pregnancy.

Pre-Medications: *(Prescriber must select one option within each set of brackets for each medication ordered):*
 methylprednisolone [100 mg _____ mg] IV once [30 min 60 min] prior to infusion
 diphenhydramine [25 mg 50 mg] [IV PO] once [30 min 60 min] prior to infusion
 Other: _____

Medication Orders (choose *one*):

Induction

Dilute **ocrelizumab 300 mg** in **250 mL** 0.9% sodium chloride and administer intravenously per induction infusion rate table.

Repeat once in 2 weeks.

| Infusion Rate | Duration |
|---------------|----------------|
| 30 mL/hr | First 30 min |
| 60 mL/hr | for 30 min |
| 90 mL/hr | for 30 min |
| 120 mL/hr | for 30 min |
| 150 mL/hr | for 30 min |
| 180 mL/hr | until complete |

Maintenance

Dilute **ocrelizumab 600 mg** in **500 mL** 0.9% sodium chloride and administer intravenously per infusion rate table.

Repeat once in 6 months.

| Infusion Rate | Duration |
|---------------|----------------|
| 40 mL/hr | First 30 min |
| 80 mL/hr | for 30 min |
| 120 mL/hr | for 30 min |
| 160 mL/hr | for 30 min |
| 200 mL/hr | until complete |

| Infusion Rate | Duration |
|---------------|----------------|
| 100 mL/hr | First 15 min |
| 200 mL/hr | for 15 min |
| 250 mL/hr | for 30 min |
| 300 mL/hr | until complete |

Administration:

Administer prepared ocrelizumab using an 0.2 or 0.22 micron in-line filter.

If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.

Post-Infusion:

Monitor patient for 60 minutes post-infusion to assess for hypersensitivity or other adverse reaction. Record vital signs prior to discharge.

Educate patient/care partner to report symptoms of adverse events or side effects.

Fax treatment notes to provider at number below

Prescriber name (print): _____ Fax: _____

Prescriber signature: _____ Date: _____