Holland Hospital
AMBULATORY TREATMENT UNIT

Ambulatory Treatment Unit
Phone (616) 394-3547
Fax (616) 394-2139

Ocrevus (ocrelizumab) Order Set

- **Contraindications** - previous life threatening infusion reactions, and active Hepatis B reactions.

☐ = Optional Order ● = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ **Time:** _____ **Diagnosis Code: (ICD-10)** _____

Patient Name: _____ **Date of Birth:** _____ **Weight:** _____ (kg)

Allergies: _____

Hepatitis B Test: **Date Performed:** _____ ☐ Negative ☐ Positive (contraindicated)

**Initial Hepatitis B Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

Pre-Medications (Give prior to infusion)

- Methylprednisolone (Solu-medrol) 125 mg IVP administer 30-60 minutes prior to each infusion.
- Benadryl 25mg IV
- Tylenol 650 mg PO

☐ Famotidine – 20 mg, oral. Tab. *Give prior to treatment.*
☐ Famotidine – 20 mg, IV Push. Injection. *Give prior to treatment.*

Initial

☐ Ocrevus (ocrelizumab) 300mg IVPB on week 0 and week 2

Subsequent

☐ Ocrevus (ocrelizumab) 600mg IVBP every 6 months (schedule 6 months from week 0 dose)

Administration and Nursing Considerations:

- Use 0.2 or 0.22 micron in-line filter
- Monitor for infusion reactions during infusions and observe for at least 1 hour after completion.

Titrate infusion rates as follows:

Infusion Time	**300 mg Infusion** (Duration at least 2.5 hours)	**600 mg Infusions** (Durations at least 3.5 hours)	**Rapid Infusion 600mg** (for established patient who have previously tolerated the initial doses well)
0	30 ml/hr	40 ml/hr	100 ml/hr
15 min	No change	No change	200 ml/hr
30 min	60 ml/hr	80 ml/hr	250 ml/hr
60 min	90 ml/hr	120 ml/hr	300 ml/hr
90 min	120 ml/hr	160 ml/hr	No change (complete at 2 hours)
120 min	150 ml/hr	200 ml/hr	
150 min	180 ml/hr	No change	
180 min	n/a (complete)		
210 min			

Treatment for adverse drug reactions: (*for mild to moderate infusion reaction*)

- Slow or stop infusion for 20 minutes
- Give:
  - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
  - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
  - Albuterol (Albuterol HFA) 2 puff(s), inhale. As indicated, PRN shortness of breath or wheezing. Dose range 1-2 puffs.
- Place O_2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO_2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug 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.*

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____