Holland Hospital

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

Ocrelizumab (Ocrevus) and Ocrelizumab and Hyaluronidase-ocsq (Orevus Zunovo)

- **Contraindications -** previous life threatening infusion reactions to ocrelizumab or its inactive ingredients, 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 IV ROUTE (Give 30 minutes prior to infusion)

- Methylprednisolone (Solu-medrol) 125mg IVP administer
- Cetirizine (Zyrtec) 10mg PO
- Acetaminophen 650mg PO

☐ Other_____

PRE-MEDICATIONS SQ ROUTE (Give 30 minutes prior to infusion)

- Dexamethasone 20mg PO
- Cetirizine (Zyrtec) 10mg PO
- Acetaminophen 650mg PO

☐ Other _____

INTRAVENOUS ROUTE

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)

- 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.

SUBCUTANEOUS ROUTE

☐ Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) 920mg, Subcutaneous every 6 months.

– *To be infused SUBCUTANEOUS to abdomen at least 2 inches from the navel area, via syringe pump over 10 minutes. Do NOT administer IV.*

- Monitor for 1 hour post infusion for the 1st subq infusion. If no reaction, subsequent infusions should be monitored for at least 15 minutes post infusion.

TITRATE INFUSION RATES AS FOLLOWS: (Intravenous only)

Infusion Time	300mg Infusion (Duration at least 2.5 hours)	600mg 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) 25mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650mg 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) 125mg 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: _____