

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

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Treatment intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Types: NON-ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE 2, ONCOLOGY SUPPORTIVE CARE 3

Synonyms: OCRELIZUMAB, OCREVUS, MS, RELAPSING MS, PROGRESSIVE, PRIMARY MS, NEUROLOGY

Cycle 1	Cycle length: 168 days
Day 1	Perform every 1 day x1
Appointment Requests	
<input checked="" type="radio"/> 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	
<input checked="" type="radio"/> 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.	
Safety Parameters and Special Instructions	
<input checked="" type="radio"/> 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.	

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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

**OCRELIZUMAB (OCREVUS),
EVERY 6 MONTHS MAINTENANCE -
ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)**

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Nursing Orders

 ONC NURSING COMMUNICATION 18

Interval: Once Occurrences: 1 Treatment

Comments: 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.

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

 ONC NURSING COMMUNICATION 100

Interval: Until discontinued Occurrences: 1 Treatment

Comments: May Initiate IV Catheter Patency Adult Protocol.

Nursing Orders

 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.

Vitals

 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.

Treatment Parameters

 ONC MONITORING AND HOLD PARAMETERS 3

Interval: Until discontinued Occurrences: 1 Treatment

Comments: 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.

Pre-Medications

 acetaminophen (TYLENOL) tablet

 Dose: Route: Oral Once for 1 dose
 Offset: 0 Hours

-
- 325 mg
-
-
- 500 mg
-
-
- 650 mg
-
-
- 1000 mg

Instructions:

Administer 30 to 60 minutes prior to infusion.

**OCRELIZUMAB (OCREVUS),
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Pre-Medications

 diphenhydramine (BENADRYL) capsule

 Dose: 25 mg Route: Oral Once for 1 dose
 50 mg 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 Once over 30 Minutes for 1 dose
 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 Titrate for 1 dose
 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

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Nursing Orders

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Pre-Medications

 diphenhydramine (BENADRYL) capsule

 Dose: _____ Route: Oral Once for 1 dose
 25 mg Offset: 0 Hours
 50 mg

 Instructions:
 Administer 30 to 60 minutes prior to infusion.

Pre-Medications

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 Dose: 125 mg Route: Intravenous Once over 30 Minutes for 1 dose
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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.

TRANSCRIBED:		VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: