

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

Physician's Orders

OCRELIZUMAB (OCREVUS), DAYS 1 AND 15 THEN EVERY 6 MONTHS - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 7

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 x 1
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 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 4 Interval: Until discontinued Occurrences: 1 Comments: HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.	

CONTINUED ON PAGE 2 →

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

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.

**OCRELIZUMAB (OCREVUS),
DAYS 1 AND 15 THEN EVERY 6 MONTHS -
ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)**

Page 2 to 7

Nursing Orders

ONC NURSING COMMUNICATION 18

Interval: Once Occurrences: 1

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 9

Interval: Until discontinued Occurrences: 1

Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

ONC NURSING COMMUNICATION 200

Interval: Until discontinued Occurrences: 1

Comments: May Initiate IV Catheter Patency Adult Protocol.

Nursing Orders

ONC NURSING COMMUNICATION 22

Interval: Once Occurrences: 1

Comments: Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.

Vitals

VITAL SIGNS

Interval: PRN Occurrences: 1

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

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.

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OCRELIZUMAB (OCREVUS), DAYS 1 AND 15 THEN EVERY 6 MONTHS - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 4 to 7

Provider Ordering Guidelines

ONC PROVIDER REMINDER 18

Interval: Once Occurrences: 1

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.

Nursing Orders

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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
Comments: May Initiate IV Catheter Patency Adult Protocol

Nursing Orders

ONC NURSING COMMUNICATION 22

Interval: Once Occurrences: 1
Comments: Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.

Vitals

VITAL SIGNS

Interval: PRN Occurrences: 1
Comments: Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.

**OCRELIZUMAB (OCREVUS),
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Page 5 to 7

Pre-Medications

 acetaminophen (TYLENOL) tablet

 Dose: 325 mg Route: Oral Once for 1 dose
 500 mg Offset: 0 Hours
 650 mg
 1000 mg

 Instructions:
 Administer 30 to 60 minutes prior to infusion.

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 125 mg

 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) 300 mg in sodium chloride 0.9 % 250 mL IVPB

 Dose: 300 mg Route: Intravenous Titrate for 1 dose
 Offset: 30 Minutes

 Instructions:
 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): 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 x 1

Appointment Requests

 ONCBN 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

**OCRELIZUMAB (OCREVUS),
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Page 6 to 7

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ONC PROVIDER REMINDER 18

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Nursing Orders

ONC NURSING COMMUNICATION 18

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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

Comments: May Initiate IV Catheter Patency Adult Protocol

Nursing Orders

ONC NURSING COMMUNICATION 22

Interval: Once Occurrences: 1

Comments: Observe patient in the infusion center for a minimum of 60 minutes following completion of infusion.

Vitals

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**OCRELIZUMAB (OCREVUS),
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Page 7 to 7

Pre-Medications

 acetaminophen (TYLENOL) tablet

 Dose: 325 mg Route: Oral Once for 1 dose
 500 mg Offset: 0 Hours
 650 mg
 1000 mg

 Instructions:
 Administer 30 to 60 minutes prior to infusion.

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

 methyIPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

 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 % 500 mL IVPB

 Dose: 600 mg Route: Intravenous Titrate for 1 dose
 Offset: 30 Minutes

 Instructions:
 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.

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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:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE:

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.