



INFUSION SUITE		OCREVUS INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> Ig Panel: Date _____	<input type="checkbox"/> Hepatitis B Panel: Date _____	*Both required prior to start and IgG annually	
Additional labs: _____			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> H2 Blocker:	<input type="checkbox"/> Famotidine 20mg IV X1		
<input type="checkbox"/> Diphenhydramine 25mg IV PRN for hypersensitivity X1			
<input type="checkbox"/> Additional PRN: _____			
<i>PI Requirement: antihistamine, antipyretic and methylprednisone****</i>			
OCREVUS ORDERS			
<input type="checkbox"/> Initial dose	300mg IV on Day 1, Day 15 over 2.5 hours		
<input type="checkbox"/> Subsequent dose	600mg IV every 6 months over <input type="checkbox"/> 3.5 hours <input type="checkbox"/> 2 hours X _____		
<i>*PI states 2 hour infusion acceptable if no previous ocrevus infusion reaction has occurred</i>			
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge after 1 hour observation time			
<input type="checkbox"/> Discharge home without observation time			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

***Credentials must be included**

Infusion Directions:

- Remove vial and allow to warm to room temperature
- Withdraw intended dose of Ocrevus from vial(s) and inject into a 250mL bag of NS for 300mg dose or 500mL NS for 600mg dose. Gently invert to mix.
- Infuse per titration rates (below) using an infusion set with a 0.2 or 0.22 micron in-line filter

***Next treatment cycle should be scheduled from Day 1**

***Vital signs required for every rate change**

Table 1 Recommended Dose, Infusion Rate, and Infusion Duration for RMS and PPMS

		Amount and Volume ¹	Infusion Rate and Duration ³
Initial Dose (two infusions)	Infusion 1	300 mg in 250 mL	<ul style="list-style-type: none"> • Start at 30 mL per hour • Increase by 30 mL per hour every 30 minutes
	Infusion 2 (2 weeks later)	300 mg in 250 mL	<ul style="list-style-type: none"> • Maximum: 180 mL per hour • Duration: 2.5 hours or longer
Subsequent Doses (one infusion) ² every 6 months ²	Option 1 Infusion of approximately 3.5 hours ³ duration ³	600 mg in 500 mL	<ul style="list-style-type: none"> • Start at 40 mL per hour • Increase by 40 mL per hour every 30 minutes • Maximum: 200 mL per hour • Duration: 3.5 hours or longer
	OR		
	Option 2 (If no prior serious infusion reaction with any previous OCREVUS infusion) ⁴ Infusion of approximately 2 hours ³ duration ³	600 mg in 500 mL	<ul style="list-style-type: none"> • Start at 100 mL per hour for the first 15 minutes • Increase to 200 mL per hour for the next 15 minutes • Increase to 250 mL per hour for the next 30 minutes • Increase to 300 mL per hour for the remaining 60 minutes Duration: 2 hours or longer

¹ Solutions of OCREVUS for intravenous infusion are prepared by dilution of the drug product into an infusion bag containing 0.9% Sodium Chloride Injection, to a final drug concentration of approximately 1.2 mg/mL.

² Administer the first Subsequent Dose 6 months after Infusion 1 of the Initial Dose.

³ Infusion time may take longer if the infusion is interrupted or slowed [see *Dosage and Administration (2.5)*].