

INFUSION SUITE		OCREVUS INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
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 Ig 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"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV 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:			
PI Requirement: antihistamine, antipyretic and methylprednisone****			
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 _____		
*PI states 2 hour infusion acceptable if no previous ocrevus infusion reaction has occurred			
POST INFUSION			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<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:	
DNG Provider Printed:			
DNG 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 <sup>1</sup>	Infusion Rate and Duration <sup>3</sup>
<b>Initial Dose</b> (two infusions)	Infusion 1	300 mg in 250 mL	<ul style="list-style-type: none"> <li>• Start at 30 mL per hour</li> <li>• Increase by 30 mL per hour every 30 minutes</li> <li>• Maximum: 180 mL per hour</li> <li>• Duration: 2.5 hours or longer</li> </ul>
	Infusion 2 (2 weeks later)	300 mg in 250 mL	
<b>Subsequent Doses</b> (one infusion) every 6 months) <sup>2</sup>	Option 1  Infusion of approximately 3.5 hours <sup>3</sup> duration <sup>3</sup>	600 mg in 500 mL	<ul style="list-style-type: none"> <li>• Start at 40 mL per hour</li> <li>• Increase by 40 mL per hour every 30 minutes</li> <li>• Maximum: 200 mL per hour</li> <li>• Duration: 3.5 hours or longer</li> </ul>
	OR		
	Option 2 (If no prior serious infusion reaction with any previous OCREVUS infusion) <sup>4</sup>  Infusion of approximately 2 hours <sup>3</sup> duration <sup>3</sup>	600 mg in 500 mL	<ul style="list-style-type: none"> <li>• Start at 100 mL per hour for the first 15 minutes</li> <li>• Increase to 200 mL per hour for the next 15 minutes</li> <li>• Increase to 250 mL per hour for the next 30 minutes</li> <li>• Increase to 300 mL per hour for the remaining 60 minutes</li> <li>Duration: 2 hours or longer</li> </ul>

<sup>1</sup> 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.

<sup>2</sup> Administer the first Subsequent Dose 6 months after Infusion 1 of the Initial Dose.

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