

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**  
Phone: 207-768-4589; Fax: 207-768-4183  
☐ NL Infusion Care, **Blue Hill**  
Phone: 207-374-3995; Fax: 207-374-3970  
☐ NL Infusion Care, CA Dean, **Greenville**  
Phone: 207-695-5222; Fax: 207-695-4801  
☐ NL Infusion Care, **Brewer**  
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Mary Dow Center, **Ellsworth**  
Phone: 207-664-5584; Fax: 207-664-5485  
☐ NL Infusion Care, Mayo, **Dover-Foxcroft**  
Phone: 207-564-4254; Fax: 207-564-4418  
☐ NL Mercy Cancer Care, **Portland**  
Phone: 207-553-6868; Fax: 207-904-0917  
☐ NL Infusion Care, SVH, **Pittsfield**  
Phone: 207-487-4052; Fax: 207-487-3995

## OP ocrelizumab (Ocrevus) (Paper)

Page 1 of 2

**Diagnosis** ☐ Multiple Sclerosis, Relapsing ☐ Multiple Sclerosis, Primary Progressive  
☐ Other \_\_\_\_\_

**ICD10:** \_\_\_\_\_

### Hepatitis B Testing

Testing is required prior to initiation of therapy, a change in living environment, or travel to an area that would pose an increased risk of Hepatitis

Hepatitis B: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

### Patient Care

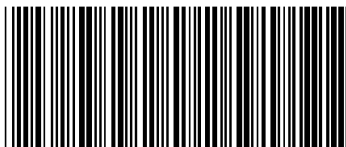
- ☒ Vital Signs  
*ONCE, Pre and Post infusion*
- ☒ Saline Lock  
*Insert peripheral Saline Lock, discontinue after therapy complete. May leave in for 5 consecutive treatment days*
- ☐ Access PICC Line
- ☐ Remove PICC Line ONLY after verifying regimen is complete with provider
- ☐ Access Port-a-Cath
- ☐ Access Central Access Device (Hickman, Triple lumen)

### Restoration of Patency for PICC/Port-a-cath

- ☒ alteplase  
*2 mg, ONCE, Catheter Clearance, If initial dose is ineffective after 2 hours, repeat dose. Notify provider if second dose is ineffective. Total Max dose = 2 doses*

### Premedication

- ☒ acetaminophen (Tylenol) 650 mg, PO, ONCE
- ☒ cetirizine (Zyrtec) 10 mg, PO, ONCE
- ☒ methylprednisolone 125 mg, Soln, IVP, ONCE
- ☐ methylprednisolone 40 mg, Soln, IVP, ONCE
- ☐ methylprednisolone \_\_\_\_\_ mg, Soln, IVP, ONCE
- ☐ sodium chloride 0.9%, 500mL/hr, IV, ONCE, Infuse over 1 hour, if patient has port-a-cath infuse over 30 minutes



100000067

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Signature: \_\_\_\_\_

Updated by CDS 6/2025

Re-print from CDS Portal to ensure most up to date content

☐ NL Infusion Care, AR Gould, **Presque Isle**  
Phone: 207-768-4589; Fax: 207-768-4183

☐ NL Infusion Care, **Blue Hill**  
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**  
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**  
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Mary Dow Center, **Ellsworth**  
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**  
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**  
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**  
Phone: 207-487-4052; Fax: 207-487-3995

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

**OP ocrelizumab (Ocrevus) (Paper)**

Page 2 of 2

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Medication**

**Initial Dosing:** Days 1 and 15

☐ ocrelizumab

300 mg/250 mL 0.9% Sodium Chloride, IVPB, Start at 30 mL/hr, Increase by 30 mL/hr every 30 minutes to maximum of 180 mL/hr via a 0.2 micron in-line filter

**Treatment Schedule:**

Initial Therapy: Day 1 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day 15 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Subsequent Dosing:** At least 5 months after Day 15 dose

☐ ocrelizumab

600 mg/500 mL 0.9% Sodium Chloride, IVPB, Start at 30 mL/hr

If initial dosing tolerated WITHOUT reaction, administer over approximately 2 hours using following titration:

Initial rate = 100 mL/hour for 15 minutes; then 200 mL/hour for 15 minutes; then 250 mL/hour for 30 minutes;  
then 300 mL/hour for remaining 60 minutes

If HISTORY OF REACTION with previous ocrelizumab (Ocrevus) infusion, administer over 3.5 hours using following titration: Initial rate = 40 mL/hour; then increase by 40 mL/hour every 30 minutes to maximum rate of 200 mL/hour

**Treatment Schedule:**

Subsequent dosing: ☐ Every 5 months ☐ Every 6 months

**Duration:** ☐ 6 months ☐ 1 year

☒ Provider Communication

Observe patient for 60 minutes after ocrelizumab (Ocrevus) infusion is complete. If no reaction after two consecutive doses, ok to discontinue observation

**Anaphylaxis Treatment**

☒ Epinephrine (EpiPen Auto Injector) 0.3 mg, Kit, IM, Every 5 Minute Interval, PRN, airway swelling, difficulty breathing, Indication: hypotension (systolic blood pressure less than 90). Max total dose = 0.9 mg (3 doses). May be given concurrently with diphenhydramine, famotidine and methylprednisolone based on indications

☒ diphenhydramine (Benadryl) 50 mg, Soln, IV Push, ONCE, PRN, Indication: itching, hives, difficulty breathing or swelling of the face, lips and throat. May be given concurrently with epinephrine, famotidine and methylprednisolone based on indications

☒ famotidine (Pepcid) 20 mg, Soln, IV Push, ONCE, PRN, Indication: angioedema, stomach upset. May be given concurrently with epinephrine, diphenhydramine and methylprednisolone based on indications

☒ methylprednisolone (SOLU-Medrol) 125 mg, Soln, IV Push, ONCE, PRN, Indication: prevention of biphasic reaction, inflamed airway. May be given concurrently with epinephrine, diphenhydramine and famotidine based on indications

☒ albuterol (Proventil NEB) 2.5 mg, Soln, NEB, ONCE, PRN, Indication: bronchospasm

☒ Oxygen Via: Nasal Cannula PRN Low oxygen saturation, Maintain saturation 90% or greater, wean as tolerated

Other \_\_\_\_\_



100000067

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Signature: \_\_\_\_\_

Updated by CDS 6/2025

Re-print from CDS Portal to ensure most up to date content