



**Mandell Center Medication Protocol: Ocrevus (Ocrelizumab)**

**Indications and Usage:**

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
- Primary progressive MS, in adults

**Prior to initiating Ocrevus, the following are required:**

- Lab work (within two months prior to initiating Ocrevus) including:
  - Hep B Surface Antigen
  - Hep B Core AB, IGM
  - Immunoglobulins (IgG, IgM, IgA)
  - CBC with differential
  - Liver profile
  - BUN
  - Creatinine
  - VZV Antibody IgG
- Above labs should be reviewed and cleared by a medical provider prior to initiation of therapy.

**Imaging**

- MRI Brain (with or without contrast per provider)– to be performed in the 3 months prior or within 2 months of starting Ocrevus for relapsing-remitting patients (may also be performed at provider discretion).  
\*For patients transitioning from Tysabri, MRI brain with and without contrast to be performed for JCV positive patients upon discontinuing Tysabri and at 6 months after discontinuing Tysabri.
- MRI Brain (with or without contrast) to be performed at provider discretion for patients with progressive forms of MS.

**Vaccination**

- Administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation of OCREVUS for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to initiation of OCREVUS for non-live vaccine

**Contraception**

Women of childbearing potential should use effective contraception while receiving OCREVUS and for 6 months after the last infusion of Ocrevus.



**Preparation before/during infusion:**

- A driver is required for patients receiving IV/PO Benadryl or any sedating medication for Ocrevus infusions
- Infection assessment: Prior to every infusion of OCREVUS, determine whether there is an active infection. In case of active infection, delay infusion of OCREVUS until the infection resolves
- RN to assess patient each visit; any change in patient status or abnormal vital signs are to be reported to the provider prior to administration to determine if drug is to be administered. Vital signs including systolic BP > 160, diastolic BP > 100, pulse > 100, temperature > 100 degrees, and pulse oximetry < 95% are to be reported to provider before initiating treatment.
- Vital signs to be performed upon admission, 30 minutes after start of Ocrevus, PRN during infusion, and upon completion of infusion.

**Pre-infusion medications as follows:**

- 0.9% Normal Saline 500mL IV @ 999mL/hr; saline to be administered prior to first 300mg doses of Ocrevus and the first 600mg dose of Ocrevus.
- Solu-Medrol 125mg IVP, administer over 2 minutes (for severe intolerance to Solumedrol, omit).
  - If intolerant to Solu-Medrol, administer Decadron 4mg IVP over 2-3 minutes.
- Diphenhydramine (Benadryl) 50mg IVP over 2-3 minutes; if intolerant to IV Benadryl, may substitute with Benadryl 50mg PO.
  - If intolerant to Benadryl, administer Famotidine (Pepcid) 20mg/2mL (vial) (dilute in 5mL NS) IVP over 3-5 minutes.
- Acetaminophen 975mg PO.

**Recommended dosing and administration**

*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.*

First infusion: Ocrevus 300mg in 250mL, start at 30mL/hr, increase by 30mL/hr every 30 minutes for a maximum of 180mL/hr; duration 2.5 hours or longer.

Second infusion (2 weeks later): Ocrevus 300mg in 250mL, start at 30mL/hr, increase by 30mL/hr every 30 minutes for a maximum of 180mL/hr; duration 2.5 hours or longer.

Subsequent Doses /Infusions (6 months later): \* Administer the first 600mg subsequent dose 6 months after Infusion 1 of the Initial Dose. First 600mg dose should follow option 1. Subsequent 600mg doses can follow option 1 or 2 thereafter if patient qualifies for shortened infusion time.



OPTION 1: *(Indicated for first full 600mg dose or reaction with previous infusion)*

Infusion of approx. **3.5 hours in duration**

- Ocrevus 600mg in 500mL, start at 40mL/hr,
- Increase by 40mL/hr every 30 minutes to a maximum of 200mL/hr,
- Duration 3.5 hours or longer.

OPTION 2: *(If no serious reaction with previous OCREVUS infusion)*

Infusion of approximately **2 hours duration.**

- 600 mg in 500 mL, start at 100 mL/hr for the first 15 minutes,
- Increase to 200 mL/hr for the next 15 minutes,
- Increase to 250 mL/hr for the next 30 minutes,
- Increase to 300 mL/hr for the remainder of infusion,
- Duration: 2 hours or longer\*\*

One-hour observation period after each Ocrevus infusion (IV to be left intact until observation period is completed).

- If patient desires to leave prior to one hour, they must sign out AMA.

*\*\* Infusion time may take longer if the infusion is interrupted or slowed*

#### **Delayed or Missed Doses:**

If a planned infusion of OCREVUS is missed, administer OCREVUS as soon as possible; do not wait until the next scheduled dose. Reset the dose schedule to administer the next sequential dose 6 months after the missed dose is administered. **Doses of OCREVUS must be separated by at least 5 months.**

- *If dose is delayed > 9 months refer to provider for dosing.*

**Management of Mild to Moderate Infusion Reactions (most commonly to include symptoms of itching in ears, throat, extremities; rash – most commonly face/neck, headache, complaints of muscle tightness/spasticity):**

- Stop infusion and restart as per resolution of patient's symptoms.
- NS 500mL, IV run to gravity
- Diphenhydramine (Benadryl) 25mg IVP over 2-3 minutes, PRN for rash or itching; may administer an additional 25mg IVP if no change in symptoms after 10 minutes; once



- Famotidine (Pepcid) 20mg/2mL (vial) IVP over 3-5 minutes, if intolerant to Diphenhydramine or if symptoms persist after Benadryl is administered; may repeat once if Pepcid was not used in pre-medications
- Solu-Medrol 125mg IVP; administer over 2 minutes; once
  - If intolerant to Solu-Medrol, administer Decadron 4mg IVP, over 2-3 minutes; once.
- Re-start infusion at one half the dose rate when the reaction started and increase by 30mL every 30 minutes for 300mg infusions. Increase by 40mL every 30 minutes for 600mg infusions.
- If patient continues to present with infusion reaction after above treatment, contact provider for further instruction.

**For severe infusion reaction or suspected allergic reaction (most commonly to include SOB, hypotension or hypertension, tachycardia, bradycardia, tongue or throat swelling):**

- **STOP INFUSION, Initiate Rapid Response**
- Call 911
- Sodium Chloride 0.9% (NS) IV Bolus, 500mL, to gravity.
- Notify provider
- Per provider, the following may be used while waiting for transport:
  - Atropine 0.5mg IV push, every 3-5 minutes up to 3mg maximum dosage prn for S/S bradycardia
  - Epinephrine 0.1mg IV push, prn for S/S anaphylaxis, may repeat every 5-15 minutes up to max of 0.5mg.
- Monitor with code cart until EMS arrives for transport

**Pt. Counseling/Discharge Instructions:**

1. Tylenol 1000mg may be used for post infusion fever, headache, throat irritation, and/or flu-like symptoms. Do not exceed 4,000 mg in a 24-hour period; be sure to include the Tylenol that was administered during the infusion today.
  - a. Patients may alternate with Ibuprofen 800 mg every 8 hours.
2. Benadryl 50mg may be used every 4-6 hours as needed for itchy skin, rash, hives, or flushing.
3. Pepcid (Famotidine) 20mg may be used for treatment of nausea (maximum of two doses in a 24-hour period).
4. Call 911 to be transported to the emergency room if you experience any discomfort or swelling in your mouth or throat, trouble breathing, weakness, fast/slow/irregular heartbeat, or chest pain.
5. Stay hydrated – drink plenty of water following your infusion.
6. Fatigue and lightheadedness may be experienced after your infusion. Please take precautions to protect yourself from falls or injury.



7. If you have an allergy or medical concern with use of any of the above listed medications, please avoid usage and follow up with the medical provider.
8. A driver is required for patients receiving IV Benadryl or any sedating medication for Ocrevus infusions.

**Follow up/ monitoring:**

Lab work to be completed within 1-2 months of each subsequent 6-month infusion: *(May be drawn of day of infusion without holding infusion unless clinically warranted)*

- CBC with differential
- Liver profile
- BUN
- Creatinine
- Immunoglobulins (IgG, IgM, IgA)
- *Monitor the levels of quantitative serum immunoglobulins during OCREVUS treatment and after discontinuation of treatment, until B-cell repletion, and especially in the setting of recurrent serious infections.*
- *Referral to Immunology for decreased immunoglobulins in the setting of recurrent Serious Infection or Opportunistic infection.*

Follow up appointment with provider at the MS Center within 2-4 months after infusion; if follow up appointment is already scheduled; this appointment will suffice for monitoring.

Annual EDSS examination.

Annual brain and cervical MRI (without contrast) to be performed for monitoring of relapsing-remitting patients.

Dr. Mary A. Bailey, Regional Director

Mandell Multiple Sclerosis Center

4/21/21

Date

Reference : Ocrevus PI revision 3/2021