

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discont'd
<input type="checkbox"/> Hepatitis B surface antigen Routine, Status: Future, Expires: S+366, Clinic Collect	Once	S	1 treatment
<input type="checkbox"/> Hepatitis B core antibody total Routine, Status: Future, Expires: S+366, Clinic Collect	Once	S	1 treatment

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Every visit	S	Until discont'd
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Details	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S, For 10 Doses	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Every visit	S	Until discont'd
<input type="checkbox"/> Discontinue IV Details	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication 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.	Every visit	S	Until discont'd

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once, Starting S, For 1 Doses Administer 30 to 60 minutes prior to infusion.	Every visit	S	Until discont'd
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 100 mg 100 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to infusion.	Every visit	S	Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 to 60 minutes prior to infusion.	Every visit	S	Until discont'd

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> ocrelizumab (OCREVUS) 300 mg in sodium chloride 0.9% 250 mL IVPB (RESTRICTED) 300 mg, intravenous, at 30 mL/hr, for 2.5 Hours, once, Starting H+30 Minutes, For 1 Doses Initiate at 30 mL per hour, and increase by an additional 30 mL/hour every 30 minutes if previous rate tolerated. Maximum rate: 180 mL/hr Use a dedicated line with an infusion set containing a 0.2 or 0.22 micron filter. Observe patients throughout the infusion and 1 hour post-infusion. If mild to moderate infusion-related reactions occurs, reduce infusion rate by half. If severe infusion related reactions occur then interrupt infusion, provide appropriate supportive care and once symptoms resolved resume at half the initial infusion rate. If no improvement in symptoms or serious or life-threatening infusion-related reaction occurs, discontinue infusion permanently. Ocrevus (ocrelizumab) is RESTRICTED to use in patients with prior financial approval in the outpatient setting. Do you attest that these restrictions for Ocrevus (ocrelizumab) have been met?	Every 2 weeks	S	2 treatments
<input type="checkbox"/> ocrelizumab (OCREVUS) 600 mg in sodium chloride 0.9% 500 mL IVPB (RESTRICTED)	Every 180 days	S+180	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration
600 mg, intravenous, at 40 mL/hr, for 3.5 Hours, once, Starting H+30 Minutes, For 1 Doses Initiate at 40 mL per hour, and increase by an additional 40 mL/hour every 30 minutes if previous rate tolerated. Maximum rate: 200 mL/hr			
Use a dedicated line with an infusion set containing a 0.2 or 0.22 micron filter.			
Observe patients throughout the infusion and 1 hour post-infusion. If mild to moderate infusion-related reactions occurs, reduce infusion rate by half. If severe infusion related reactions occur then interrupt infusion, provide appropriate supportive care and once symptoms resolved resume at half the initial infusion rate. If no improvement in symptoms or serious or life-threatening infusion-related reaction occurs, discontinue infusion permanently. Ocrevus (ocrelizumab) is RESTRICTED to use in patients with prior financial approval in the outpatient setting. Do you attest that these restrictions for Ocrevus (ocrelizumab) have been met?			

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Starting S	PRN	S	Until discontin'td
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, oral, every 6 hours PRN, itching, Starting S	PRN	S	Until discontin'td
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, Minor infusion reaction, Starting S, For 1 Doses	PRN	S	Until discontin'td
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 50 mg 50 mg, intravenous, once PRN, itching, Severe infusion reaction, Starting S, For 1 Doses	PRN	S	Until discontin'td
<input type="checkbox"/> epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.5 mg 0.5 mg, subcutaneous, once PRN, anaphylaxis, Starting S, For 1 Doses	PRN	S	Until discontin'td
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once PRN, Infusion reaction, Starting S, For 1 Doses	PRN	S	Until discontin'td
<input type="checkbox"/> promethazine (PHENERGAN) tablet 25 mg 25 mg, oral, every 6 hours PRN, nausea, vomiting, Starting S	PRN	S	Until discontin'td
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, once PRN, Hydration, Starting S, For 1 Doses	PRN	S	Until discontin'td
<input type="checkbox"/> meperidine (DEMEROL) injection 25 mg 25 mg, intravenous, once, Starting S, For 1 Doses Formulary approved non-pain management indication(s) : Drug-induced rigors	PRN	S	Until discontin'td