OCRELIZUMAB

BRAND NAME	OCREVUS
DRUG CLASS	Monoclonal antibody (humanised) for multiple sclerosis
AVAILABILITY	Vial contains 300 mg/10 mL of ocrelizumab. Also contains sodium acetate, trehalose dihydrate, glacial acetic acid, and polysorbate-20.[1] The solution is clear to slightly opalescent and colourless to pale brown.[1]
WARNING	The occupational hazard of intermittent low dose exposure to ocrelizumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Severe infusion reactions may occur. Resuscitation facilities must be readily available.[1]
pH	5.3[1]
PREPARATION	Dilute before use[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Infusion solution: stable for 24 hours at 2 to 8 °C and for 8 hours below 25 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute 300 mg in 250 mL or 600 mg in 500 mL of sodium chloride 0.9% to make an approximate concentration of 1.2 mg/mL. Invert the bag and mix gently. **Do not shake**.[1] **The first dose is given as two infusions** of 300 mg/250 mL over approximately 2.5 hours and two weeks apart. Start the infusion at 30 mL/hour. If well-tolerated increase the rate by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour.[1] Subsequent doses are given as one infusion of 600 mg/500 mL over approximately 3.5 hours. Start the infusion at 40 mL/hour and if well-tolerated increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour.[1] If infusions are well-tolerated, subsequent infusions can be given over 2 hours. Start the infusion at 100 mL/hour for the first 15 minutes, increase the rate to 200 mL/hour for the next 15 minutes, then increase to 250 mL/hour for 30 minutes and 300 mL/hour for the last 60 minutes.[1] Use a low protein-binding 0.2–0.22 micrometre inline filter.[1]
COMPATIBILITY	
Fluids	Sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	No information
SPECIAL NOTES	Infusion reactions are common with the first infusion and may be severe including dyspnoea, pharyngeal or laryngeal oedema, hypotension, pyrexia, fatigue, nausea and tachycardia. Reactions may occur up to 24 hours after the infusion. Monitor the patient during and for at least one hour after the infusion.[1] For mild or moderate infusion reactions slow the rate of the infusion and monitor carefully. For severe infusion reactions stop the infusion and treat accordingly.[1] Give a corticosteroid, antihistamine and paracetamol 30 minutes before the infusion.[1] Check your local guidelines. Anaphylactic reactions are rare but are a medical emergency. Stop the infusion and commence treatment immediately.

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 29/04/2021.