

**UCSF Multiple Sclerosis Center**

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This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.

Lynn Do, PharmD, Clinical Pharmacist

**Ocrelizumab (Ocrevus)****Patient Information**

USED FOR	<ul style="list-style-type: none"> <li>Multiple sclerosis, including relapsing-remitting and progressive MS. Ocrelizumab will not cure MS. It may reduce flare-ups and slow disease progression.</li> </ul>	
HOW IT WORKS	<ul style="list-style-type: none"> <li>Ocrelizumab is an antibody that modifies the immune system by targeting B cells and eliminating them from the body, which is thought to help reduce injury to the nervous system from multiple sclerosis.</li> </ul>	
HOW IT IS GIVEN	<ul style="list-style-type: none"> <li>Ocrelizumab is mixed in a 250 or 500 mL fluid bag and is given by infusion through a needle placed in a vein in your arm (intravenous infusion).</li> <li>You will be required to go to an infusion center for the administration of the drug.</li> </ul>	
DOSE	<ul style="list-style-type: none"> <li>Ocrelizumab is initially dosed at 300 mg IV for 2 doses infused 14 days apart. It is then typically re-infused at 600 mg IV every 6 months thereafter.</li> </ul>	
UCSF INFUSION CENTERS	<ul style="list-style-type: none"> <li>BEFORE scheduling your appointment with an infusion center, you must get authorization from your insurance.</li> </ul>	
	<p><b>Ida Friend Infusion Center</b></p> <p>1600 Divisadero St., 5th Floor San Francisco, CA 94143 Phone: (415) 353-7155 Hours: Monday to Friday 8 a.m. - 8:00 p.m.</p>	<p><b>Ron Conway Family Gateway Medical Building</b></p> <p>1825 Fourth St., Third Floor San Francisco, CA 94158 Phone: (415) 353-7155 Hours: Monday to Friday (8 a.m. - 8 p.m.) Saturday 8:30 a.m. - 6:30 p.m.</p>
WHAT TO EXPECT DURING THE INFUSION	<ul style="list-style-type: none"> <li>Expect to be at the infusion center for <b>5.5 hours or longer</b>.             <ul style="list-style-type: none"> <li>Preparing the infusion and giving pre-medications may take 60 mins.</li> <li>For your first 2 infusions with 300 mg, you should expect the infusion to last 2.5 hours or longer. For your subsequent infusion with 600 mg, it will be 3.5 hours or longer.</li> <li>You will be observed for at least 1 hour after each infusion.</li> </ul> </li> <li>Approximately 34 - 40% of patients will experience an infusion reaction.             <ul style="list-style-type: none"> <li>If you experience a reaction, the infusion may need to be stopped and run at a slower rate or additional medications may be given, all of which may extend the length of the infusion. Often, symptoms will resolve with giving additional medications. These medications, such as Benadryl, can cause drowsiness and dizziness. We recommend, if possible, you make arrangements for a ride home as you may be too sedated to safely drive.</li> </ul> </li> </ul>	

<p>INFUSION SIDE EFFECTS AND REACTIONS</p>	<ul style="list-style-type: none"> <li>• MOST COMMON: <ul style="list-style-type: none"> <li>○ Rash and itching</li> <li>○ Flu-like symptoms (headache, fatigue, low grade fever, chills)</li> <li>○ Sore throat (itchy, scratchy throat)</li> <li>○ Achy joints within hours of the infusion</li> <li>○ More frequent upper respiratory tract infections</li> </ul> </li> <li>• You will also be monitored closely for severe hypersensitivity reactions and treated with medications if any of these symptoms occur: hives, dizziness, fever, rash, chills, itching, nausea, flushing, low blood pressure, shortness of breath, and chest pain</li> <li>• Infusion reactions can happen up to 24 hours after your infusion and you must contact your doctor if you experience any of these or other concerning signs and symptoms</li> </ul>
<p>MEDICATION GIVEN TO PREVENT SIDE EFFECTS</p>	<ul style="list-style-type: none"> <li>• One or more of the following may be given BEFORE THE INFUSION <ul style="list-style-type: none"> <li>○ Acetaminophen (Tylenol) 650mg tablet</li> <li>○ Diphenhydramine (Benadryl) 25 or 50mg tablet or IV</li> <li>○ Famotidine (Pepcid) 20mg tablet</li> <li>○ IV Steroid (Methylprednisolone 100 mg or an equivalent glucocorticoid)</li> </ul> </li> </ul>
<p>RARE, BUT SERIOUS SIDE EFFECTS</p>	<ul style="list-style-type: none"> <li>• Infection <ul style="list-style-type: none"> <li>○ Upper and lower respiratory tract infections, and skin infections</li> <li>○ Bacterial, fungal, viral infections (herpes)</li> <li>○ Hepatitis B virus reactivation</li> <li>○ Progressive multifocal leukoencephalopathy (PML)</li> </ul> </li> <li>• Possible cancer (including breast cancer)</li> <li>• Severe skin and mouth reactions</li> <li>• Low blood cell counts</li> </ul>
<p>MONITORING</p>	<ul style="list-style-type: none"> <li>• BEFORE starting Ocrelizumab, you will need a complete blood cell count, lymphocyte subsets, chemistries, liver function tests, immunoglobulin G and immunoglobulin M, testing for viral hepatitis, and for tuberculosis. Prior to re-infusion, safety labs will be repeated. Tuberculosis testing should be repeated annually.</li> </ul>
<p>DRUG INTERACTIONS</p>	<ul style="list-style-type: none"> <li>• Ocrelizumab taken before or after other medicines that weaken the immune system could increase your risk of getting infections.</li> <li>• If any 'live' or 'live attenuated' vaccines are required, these should be given at least 6 weeks prior to your dose of Ocrelizumab.</li> </ul>
<p>TELL YOUR DOCTOR RIGHT AWAY</p>	<ul style="list-style-type: none"> <li>• If you have any new or worsening symptoms (problems with thinking, balance, eye sight, weakness on 1 side of your body, strength, or using your arms or legs).</li> </ul>
<p>MORE INFORMATION</p>	<ul style="list-style-type: none"> <li>• Websites: <a href="http://www.ocrevus.com">www.ocrevus.com</a>, <a href="http://www.nationalmssociety.org">www.nationalmssociety.org</a></li> <li>• Clinical Trials: <ol style="list-style-type: none"> <li>1. Hauser SL, et al. N Engl J Med 2017;376:221-34.</li> <li>2. Montalban X, et al. N Engl J Med 2017;376:209-20.</li> </ol> </li> </ul>