

Connecticut  
500 W Putnam Ave  
Ste 435  
Greenwich, CT 06830



# OCREVUS ZUNOVO™

(ocrelizumab and hyaluronidase-ocsq)

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

## PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> NKDA Allergies:		Weight lbs/kg:	

## PHYSICIAN INFORMATION

Physician Name:	Practice Name:
Address:	Office Contact Name: Office Contact #:
Phone: Fax:	Email (for updates):

## REFERRAL STATUS

New Referral  
  Referral Renewal  
  Medication/Order Change  
  Benefits Verification Only  
  Discontinuation Order

OCREVUS ZUNOVO is a CD20-directed cytolytic antibody indicated for the treatment of:

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults (1)
- Primary progressive MS, in adults (1)

ICD-10\*: \_\_\_\_\_  
 Dx Code: \_\_\_\_\_  
 Dx Code: \_\_\_\_\_

**PRE-MEDICATION**

Tylenol PO 650mg    1000mg    other \_\_\_\_\_  
 Solumedrol 125mg IV    other \_\_\_\_\_  
 Benadryl  IVor  PO    25mg    50mg    other \_\_\_\_\_  
 Dexamethasone  20mg IV    20mg  PO    other \_\_\_\_\_  
 Desloratadine    5mg    PO  
 \_\_\_\_\_ (other)    \_\_\_\_\_ (other)

**DIAGNOSIS** *Please provide ICD-10 code*

G35-MS

**WARNINGS AND PRECAUTIONS**  
[https://www.gene.com/download/pdf/ocrevus\\_zunovo\\_prescribing.pdf](https://www.gene.com/download/pdf/ocrevus_zunovo_prescribing.pdf)

**OCREVUS ZUNOVO ORDERS**

**PATIENT WEIGHT**  
 \_\_\_\_\_ lbs.  
 \_\_\_\_\_ kg

**DOSAGE:**  
 Injection 920mg ocrelizumab and 23,000 units of hyaluronidase per 23ml (40 mg and 1,000 units/mL) solution in a single-dose vial

**FREQUENCY:**  
 Every 6 months for \_\_\_\_\_ month  
 Other: \_\_\_\_\_

**LAB DRAW REQUEST**  
 Labs: \_\_\_\_\_  
 Freq: \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

**REQUIRED DOCUMENTATION CHECKLIST:**

\_\_\_\_\_ Patient Demographics  
 \_\_\_\_\_ Insurance Card/Information  
 \_\_\_\_\_ Recent labs to **include Hepatitis Panel and CBC**, as well as  
 CMP and quantitative, if available  
 \*Please send any other recent labs  
 \_\_\_\_\_ Recent Progress note and MRI of Brain  
 \_\_\_\_\_ Other

**ORDERING PROVIDER**

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_  
**Order/dosage:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_