

**Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218

**Sheepshead Bay**  
2546 East 17th Street  
Fl. 1  
Brooklyn, NY 11235

**Bronx**  
226 West 238th Street  
Bronx, NY 10463

**Forest Hills**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375

**Long Island City**  
36-36 33rd  
Suite 311  
Long Island City, NY 11106

**Massapequa**  
97 Grand Avenue  
Massapequa, NY 11758

**E 56th & Park Midtown**  
120 East 56 Street  
Suite 300  
New York, NY 10022

**FIDI**  
30 Broad Street  
Suite 401  
New York, NY 10004

**Gramercy**  
7 Gramercy Park West  
Lower Level  
New York, NY, 10003

**NYC**  
**E 70th St Upper East Side**  
225 E 70th Street  
Suite 1E  
New York, NY 10021

**Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023

**ThrIVewell**  
I N F U S I O N  
Office: 212-803-3339 Fax : 646-768-8600

  
Mission Medical

**Tarrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523

**Port Jefferson**  
12 Medical Drive  
Suite B  
Port Jefferson Station, NY 11776

**Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306

**Southampton**  
625 Hampton Road  
Southampton, NY 11968

**Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

**Holbrook**  
233 Union Avenue  
Suite 207  
Holbrook, NY 11741

**Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030

**Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570

**New Hyde Park**  
1991 Marcus Ave  
Suite 110  
Lake Success, NY, 11042

**Woodbury**  
7600 Jericho Tpke,  
Lower Level, Suite C500  
Woodbury NY 11797

OCREVUS ZUNOVO™  
(ocrelizumab and hyaluronidase-ocsq)

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

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

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

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal
<input type="checkbox"/> Medication/Order Change	<input type="checkbox"/> Benefits Verification Only
<input type="checkbox"/> 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: \_\_\_\_\_