

TN  
100 Covey Drive  
Suite 307  
Franklin, TN 37067



# 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	
<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:** \_\_\_\_\_