

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

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: _____