

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

Bronx
226 West 238th Street
Bronx, NY 10463

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

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225



Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

Manhattan/Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

5 Towns
141 Washington Avenue
Cedarhurst, NY 11559

Manhattan/FIDI
30 Broad Street
Suite 401
New York, NY, 10004

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Manhattan/Midtown
120 East 56 Street
Suit 3D
New York, NY 10022

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

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

Woodbury
75 Froehlich Farm
Woodbury, NY 11797

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Long Beach
917 Beech Street
Long Beach, NY 11561

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

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

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

Staten Island
27 New Dorp Lane
Staten Island, NY 10306



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:
Phone:	Office Contact #:
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 _____
 Benadryl IV 25mg PO 25mg 50mg other _____
 _____ _____ _____ _____
 Dexamethasone 10mg IV 20mg PO other _____
 _____ _____
 _____ (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: _____