

OCREVUS ZUNOVO (OCRELIZUMAB AND HYALURONIDASE-OCSQ) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Mobile Number: _____ Patient Weight: _____ kg
 Allergies: _____
 New Start Therapy | Continuation of Therapy & Date of last dose (if applicable): _____

DIAGNOSIS (Provider must specify)

- Relapsing-remitting multiple sclerosis (RRMS), ICD 10: G35.A
- Active secondary progressive multiple sclerosis (SPMS), ICD 10: G35.C1
- Primary progressive multiple sclerosis (PPMS), ICD 10: G35.B1 Active
- Non-active Primary progressive multiple sclerosis (PPMS), ICD 10: G35.B2
- Clinically isolated syndrome (CIS), ICD 10: G36.9

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____
 Signature: _____ Date: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

- Demographics Labs and tests supporting diagnosis Office/progress notes

PRE-MEDICATION

Recommendations per PI are selected, these will be given to patient unless otherwise specified.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Dexamethasone 20mg PO | <input checked="" type="checkbox"/> Loratadine 10mg PO | <input type="checkbox"/> Desloratadine 5mg PO |
| <input type="checkbox"/> Benadryl 25mg PO | <input checked="" type="checkbox"/> Acetaminophen (Tylenol) 500 mg PO | <input type="checkbox"/> Cetirizine (Zyrtec) 10mg PO |
| <input type="checkbox"/> Other: _____ Dose: _____ Route: _____ | | |

We will NOT administer IV premedications for this medication.

MEDICATION

MEDICATION	DOSE / FREQUENCY	ROUTE
Ocrevus Zunovo	920mg/23ml ocrelizumab and 23,000 units hyaluronidase every 6 months	SubQ in Abdomen

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____

FAX NUMBERS:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> CT: 203.433.0621 | <input type="checkbox"/> MA: 413.296.8482 | <input type="checkbox"/> NC: 919.984.8698 | <input type="checkbox"/> NY: 631.250.6020 | <input type="checkbox"/> SC: 864.973.6279 |
| <input type="checkbox"/> FL: 904.877.9270 | <input type="checkbox"/> MD: 240.224.8607 | <input type="checkbox"/> NH: 603.217.5371 | <input type="checkbox"/> OH: 937.871.4594 | <input type="checkbox"/> VA: 703.202.0499 |
| | <input type="checkbox"/> ME: 207.407.7272 | <input type="checkbox"/> NJ: 201.581.4521 | <input type="checkbox"/> PA: 610.273.5998 | |