

# OCREVUS ZUNOVO (OCRELIZUMAB AND HYALURONIDASE-OCSQ) ORDER FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
 Allergies: \_\_\_\_\_

## 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

New Start Therapy     Continuation of Therapy    Date of last dose (if applicable): \_\_\_\_\_

## 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 |   |