

Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)



METRO INFUSION CENTER

REFERRAL STATUS: ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal.

Infusion Office Preference: _____

| PATIENT INFORMATION | | | |
|--|---------------------|--|------|
| Date: | Patient Name: | DOB: | |
| <input type="checkbox"/> NKDA Allergies: | Weight (lbs / kg): | Height: | |
| Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy - Last Treatment | Date: | Next Due Date: | |
| PROVIDER INFORMATION | | | |
| Office Contact Name: | | Office Email: | |
| Prescribing Providers Name: | | Provider NPI: | |
| Office Address: | City: | State: | Zip: |
| Office Phone Number: | | Office Fax Number: | |
| DIAGNOSIS AND ICD 10 CODE | | | |
| <input type="checkbox"/> Relapsing-Remitting multiple sclerosis | ICD-10 Code: G35.A | | |
| <input type="checkbox"/> Primary Progressive multiple sclerosis, unspecified | ICD-10 Code: G35.B0 | | |
| <input type="checkbox"/> Active primary progressive multiple sclerosis | ICD-10 Code: G35.B1 | | |
| <input type="checkbox"/> Non-active primary progressive multiple sclerosis | ICD-10 Code: G35.B2 | | |
| <input type="checkbox"/> Secondary Progressive multiple sclerosis, unspecified | ICD-10 Code: G35.C0 | | |
| <input type="checkbox"/> Active secondary progressive multiple sclerosis | ICD-10 Code: G35.C1 | | |
| <input type="checkbox"/> Non-active secondary progressive multiple sclerosis | ICD-10 Code: G35.C2 | | |
| <input type="checkbox"/> Multiple sclerosis, unspecified | ICD-10 Code: G35.D | | |
| REQUIRED DOCUMENTATION/Testing | | | |
| <input type="checkbox"/> This signed order form by the provider | | <input type="checkbox"/> Recent LFT | |
| <input type="checkbox"/> Patient demographics AND insurance info | | <input type="checkbox"/> Hepatitis B Test Results: | |
| <input type="checkbox"/> Clinical/Progress notes supporting primary dx | | Hep B surface antigen & Hep B Core TOTAL Antibody | |
| List Tried & Failed Therapies 1) | | 2) | |
| PREMEDICATION ORDERS | | | |
| <input type="checkbox"/> acetaminophen (Tylenol) PO <input type="checkbox"/> 500mg <input type="checkbox"/> 650mg <input type="checkbox"/> 1000mg | | | |
| <input type="checkbox"/> diphenhydramine (Benadryl) PO / IV <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg (if route is not circled PO will be administered) | | | |
| <input type="checkbox"/> methylprednisolone (Solu-Medrol) IV <input type="checkbox"/> 60mg <input type="checkbox"/> 100mg <input type="checkbox"/> 125mg <input type="checkbox"/> _____ mg | | | |
| <input type="checkbox"/> Other: | | | |
| Manufacturer recommends pre-medicate with a corticosteroid and antihistamine at least 30 minutes prior to each injection | | | |
| MEDICATION ORDERS | | | |
| <input type="checkbox"/> 920mg ocrelizumab and 23,000 units hyaluronidase SQ in the abdomen over 10 min every 6 months | | | |
| Refills*: <input type="checkbox"/> None <input type="checkbox"/> X6 months <input type="checkbox"/> X1 year | | | |
| *(if not indicated order will expire one year from date signed) | | | |
| SPECIAL INSTRUCTIONS | | | |
| <input type="checkbox"/> Urine pregnancy test prior to dose | | | |
| <input type="checkbox"/> Monitor for at least 1 hour following first injection; monitor for at least 15 minutes following subsequent injections | | | |
| <input type="checkbox"/> Do not administer remaining priming volume in SUBQ infusion set | | | |
| Do NOT substitute ocrelizumab (for IV administration) and ocrelizumab/hyaluronidase (for SUBQ administration); products are NOT interchangeable. | | | |

Provider Name (Print)

Physician Signature:

Date:

Fax referral to 866-507-1164 or email to MICreferral@metroinfusioncenter.com

All information contained in this order form is strictly confidential and will become part of the patient's medical record. Revised 9/18/25