OCREVUS® (ocrelizumab) Referral Form

RETURN COMPLETED FORM VIA FAX TO:
888.898.9113

PATIENT INFORMATION (Complete or fax existing chart)

Patient Name: ______
Address: ______
City, State, Zip: ______
Phone: ______ Alt.Phone: ______
DOB: ______ Gender: M F Last 4 SSN: ______
WT: HT: Allergies:

PRESCRIBER INFORMATION

Prescriber Name: ______
State License: ______ NPI #: ______
DEA: ______ Phone: ______
Address: ______ Fax: ______
City, State, Zip: ______
Contact Person: ______ Phone: ______

INSURANCE INFORMATION - INSTEAD - just send us a copy of the patient's prescription / insurance cards (front & back)

Primary Insurance: ______	RX Card (PBM): ______
City, State, Zip: ______	BIN: ______ PCN: ______
Plan #: ______	City, State, Zip: ______
Group #: ______	Group #: ______
Phone: ______	Phone: ______

DIAGNOSIS/CLINICAL INFORMATION

- ☐ G35 – Multiple Sclerosis
- ☐ G36 - Other acute disseminated demyelination
- ☐ G37 – Other demyelinating diseases of the central nervous system
- ☐ Other Code: Description:

PREVIOUS THERAPIES

☐ Rebif	☐ Betaseron	☐ Avonex	☐ Tysabri	☐ Ocrevus

Date of last infusion:

Additional Information: Has patient had the Hep B Screening? Yes No **J CV Status:** Negative Positive, Index Value:

PRE-MEDICATION

STANDARD PROTOCOL	ADDITIONAL
☐ Acetaminophen 500mg ☐ Diphendydramine PO or IV 25mg ☐ Solumedrol 125mg SIVP	☐ Acetaminophen 1000mg ☐ Zyrtec 10mg PO

Ocrevus Infusion Orders

DRUG	DOSE	DIRECTIONS	REFILLS
OCREVUS®	☐ 300mg IV (Loading Dose	At 0 and 2 weeks	
	☐ 600mg IV (Maintenance Dose	Every 6 months	

SIGNATURE

X ______ DATE: ______

Prescribing Physician Signature

To ensure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.