

OCREVUS (Ocrelizumab) ORDER FORM

REFERRAL TYPE

New Referral Order Renewal Restart Frequency Change Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name: _____ DOB: _____ Male _____ Female _____ Email: _____
Address: _____ Weight: _____ KG _____ LBS Phone: _____

REFERRING PHYSICIAN INFORMATION

Name: _____ NPI: _____
Office Contact Name: _____ Phone: _____ Fax: _____
Address: _____

OCREVUS ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE AND FREQUENCY

Dosing/Frequency: (PLEASE REFRAIN FROM USING AN UNSPECIFIED ICD10 CODE)

- Initial Dose: 300mg IV at 0 and 2 weeks, then 600mg IV every 6 months
 Maintenance Dose: 600mg IV every 6 months
 Standard (360 minutes) Accelerated (240 minutes)

Diagnosis:

- G35—Multiple Sclerosis
Please identify the type of MS the patient has been diagnosed with:
 Relapsing-remitting MS Secondary-progressive MS Primary-progressive MS Progressive-relapsing MS

Other Diagnosis: _____ ICD-10 Code (Required): _____

Ambulate: Independent With Assistance Wheelchair Stretcher

Special Instructions:

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
 - **CMP, CBC, HBV Surface Antigen, Quantative serum immunoglobulins**
- Most recent MRI report
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note
- Statement of Medical Necessity (SMN) form supplied by Genentech/AccessSolutions

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.