

Sample infusion referral form



For Important Safety Information, full Prescribing Information, and Medication Guide, visit ocrevus.com. This is an optional form that can be used to provide information to your patient's infusion site.

Phone: (866) 422-2377
9 AM–8 PM ET, Monday through Friday

Please send this completed form to the infusion site of your choice, not to Genentech.

1 PATIENT INFORMATION/INSURANCE

Patient first name		Patient last name		Patient insurance Please provide copies of the front and back of medical and pharmacy insurance cards.						
Address			City			Medical insurance				
State	ZIP code	DOB (MM/DD/YYYY)		Insurance company name		Plan type				
Phone number			Member group number			ID number				
Preferred language, if not English			Policyholder name			Phone number				
Note: If possible, please provide MRI results and any supporting clinical notes, which include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.						Relationship to policyholder		Policyholder DOB (MM/DD/YYYY)		
Pharmacy insurance										
Height	Weight	Temperature	Allergies		Prescription drug plan		Plan number			
Date of last MRI		Past DMT therapies				Group number		ID number		
Hep B (HBsAg and anti-HBV) test results						Cardholder name		Phone number		
Quantitative serum immunoglobulins test results						Relationship to cardholder		PCN/BIN Number		
<input type="checkbox"/> Please confirm compliance: According to immunization guidelines, live or live-attenuated vaccines should be administered at least 4 weeks prior to initiation of OCREVUS and, whenever possible, for non-live vaccines at least 2 weeks prior to initiation of OCREVUS.										

2 PRESCRIBER INFORMATION

Prescriber name		Prescriber NPI number			State license number		
Practice/facility name		Address		City		State	ZIP code
Primary contact name		Phone number			Fax		

3 DIAGNOSIS/PRESCRIPTION INFORMATION

Please confirm diagnosis G35 Multiple Sclerosis (MS)

<input type="checkbox"/> OCREVUS® (ocrelizumab) prescription <input type="checkbox"/> Refills (# of refills):	OCREVUS premedications
<input type="checkbox"/> Dispense: 2 vials Strength: 300 mg/10 mL (30 mg/mL) single-dose vial	<input type="checkbox"/> Methylprednisolone (or equivalent corticosteroid): 100 mg administered intravenously approximately 30 minutes prior to each OCREVUS infusion.
Please select appropriate dosing and administration:	<input type="checkbox"/> Antihistamine (eg, diphenhydramine): Premedicate approximately 30 to 60 minutes prior to each OCREVUS infusion to further reduce the frequency and severity of infusion reactions.
<input type="checkbox"/> Initial dose: 600 mg dose administered as 2 separate intravenous infusions 2 weeks apart <ul style="list-style-type: none">First, infuse 300 mg IV over approximately 2.5 hours2 weeks later, infuse 300 mg IV over approximately 2.5 hours	<input type="checkbox"/> Antipyretic (eg, acetaminophen): The addition of an antipyretic may also be considered.
<input type="checkbox"/> Maintenance dose: 600 mg dose administered once every 24 weeks; 2 infusion options to choose from <ul style="list-style-type: none"><input type="checkbox"/> Option 1: Single infusion administered over approximately 3.5 to 4 hours<input type="checkbox"/> Option 2: Single infusion administered over approximately 2 hours (for eligible patients who have not experienced a serious infusion reaction with any previous OCREVUS infusion)	<input type="checkbox"/> Other _____
Note: Observe the patient for at least one hour after the completion of the infusion. Infusions may be interrupted or slowed as needed. See the OCREVUS Dosing and administration guide for additional details.	Infusion supplies
	<input type="checkbox"/> Filter (0.2 or 0.22 micron in-line)
	Infusion related reaction medications (ie, Benadryl, epi-pen, etc.) _____
	Other _____

Additional information and clinical notes

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Please see the OCREVUS infusion-related reaction protocol in the OCREVUS Prescribing Information.



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