

Treatment Referral Form

This is an optional form that can be used to provide information to your patient's treatment site. **Please send this completed form to the treatment center that has been identified to administer OCREVUS[®] [IV] or OCREVUS ZUNOVO[®] for your patient. Do not send it to Genentech.**

OCREVUS Patient Navigators are a point of contact for assistance throughout your patients' treatment, including access, reimbursement and treatment coordination support. For more information, call (844) OCREVUS (844-627-3887).

1 PATIENT AND INSURANCE INFORMATION

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	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) ____ / ____ / ____		
Height	Weight	Temperature	Allergies		Pharmacy insurance			
Date of last MRI		Past DMT therapies		Prescription drug plan			Plan number	
Hepatitis B (HBsAg and anti-HBV) test results				Group number			ID number	
Quantitative serum immunoglobulins test results				Cardholder name			Phone 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 or OCREVUS ZUNOVO and, whenever possible, for non-live vaccines at least 2 weeks prior to initiation of OCREVUS or OCREVUS ZUNOVO.				Relationship to cardholder			PCN/BIN number	

2 PRESCRIBER INFORMATION

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

3 DIAGNOSIS/PRESCRIPTION INFORMATION

Please confirm diagnosis G35 Multiple Sclerosis (MS) (parent code) G35.A Relapsing-remitting MS (RMS) G35.B0 Primary progressive MS (PPMS), unspecified
 G35.B1 Active PPMS G35.B2 Non-active PPMS G35.C0 Secondary progressive MS, unspecified
 G35.C1 Active secondary progressive MS G35.D* MS, unspecified

*G35.D applies to multiple MS diagnoses, including disseminated MS, generalized MS, MS not otherwise specified (NOS), MS of brain stem and MS of cord.

These codes are not all-inclusive for multiple sclerosis; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any item or service.

Many payers will not accept the parent code (G35). Please check with your payer.

Please confirm serum aminotransferase (ALT and AST), alkaline phosphatase, **AND** bilirubin levels have been obtained prior to initiating treatment: Yes No

OCREVUS® [IV] Refills (# of refills): _____

Dispense: 2 vials Strength: 300 mg/10 mL (30 mg/mL) single-dose vial

Please select appropriate dosing and administration:

- Initial dose:** 600-mg dose administered as 2 separate IV infusions 2 weeks apart
 - First, infuse 300-mg IV over approximately 2.5 hours
 - 2 weeks later, infuse 300-mg IV over approximately 2.5 hours
- Maintenance dose:** 600-mg dose administered once every 24 weeks; choose from 2 infusion options:
 - Option 1: Single infusion administered over approximately 3.5 to 4 hours
 - 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)

Note: Observe the patient for at least 1 hour after the completion of the infusion. Infusions may be interrupted or slowed as needed. See the OCREVUS Prescribing Information for additional details.

OCREVUS ZUNOVO® [SUBCUTANEOUS INJECTION] Refills (# of refills): _____

Dispense: 1 vial Strength: 920 mg ocrelizumab and 23,000 units of hyaluronidase single-dose vial

Please select appropriate dosing and administration:

- 920 mg/23,000 units (920 mg ocrelizumab and 23,000 units of hyaluronidase)
 - Administered subcutaneously in the abdomen approximately 10 minutes once every 24 weeks

OCREVUS ZUNOVO premedications

- Dexamethasone (or equivalent corticosteroid):** 20 mg administered orally at least 30 minutes prior to administration
- Antihistamine (e.g., desloratadine):** Administered orally at least 30 minutes prior to administration to reduce the risk of local and systemic injection reactions
- Antipyretic (e.g., acetaminophen):** The addition of an antipyretic may also be considered
- Other: _____



Scan or click this QR code to download a detailed **Dosing and Administration Guide** for OCREVUS and OCREVUS ZUNOVO.

OCREVUS premedications

- Methylprednisolone (or equivalent corticosteroid):** 100 mg administered intravenously approximately 30 minutes prior to each OCREVUS infusion
- Antihistamine (e.g., diphenhydramine):** Premedicate approximately 30 to 60 minutes prior to each OCREVUS infusion to further reduce the frequency and severity of infusion reactions
- Antipyretic (e.g., acetaminophen):** The addition of an antipyretic may also be considered
- Other: _____

Infusion supplies

- Filter (0.2 or 0.22 micron in-line)
- Infusion-related reaction medications (i.e., Benadryl, epi-pen, etc.): _____
- Other: _____

Injection supplies

- OCREVUS subcutaneous injection vial
 - Syringe
 - 21G stainless steel transfer needle
 - Subcutaneous injection set (e.g., winged/butterfly) containing a 24-26G needle
 - Syringe tip cap
- Optional:**
- Syringe pump

Note: For the initial dose, monitor the patient for at least 1 hour post-injection. For subsequent doses, monitor the patient for at least 15 minutes post-injection. See the OCREVUS ZUNOVO Prescribing Information for additional details.



Please scan or click this QR code to download an optional **Day-of-Treatment Checklist and Discharge Instructions** to return to the prescriber following the patient's treatment.

Please see the OCREVUS infusion or injection-related reaction protocol in the OCREVUS and OCREVUS ZUNOVO Prescribing Information. Please see additional Important Safety Information throughout and click here for full OCREVUS [Prescribing Information](#) and [Medication Guide](#). For OCREVUS ZUNOVO, click here for full [Prescribing Information](#) and [Medication Guide](#).