

Ocrevus™ Referral Form



University Hospitals
Home Care Services

4510 Richmond Road
Warrensville Heights, OH 44128
Phone: 800-552-8442
Fax: 216-201-5127

Please complete each section of the referral form below and fax along with a copy (front and back) of all of the patient's pharmacy and medical insurance cards, the patient's demographic face sheet, and any relevant clinical notes/documents.

Provider Information	Prescriber: _____ NPI: _____ Phone: _____ Fax: _____ Office Contact: _____ Address: _____ _____	
Patient Information	Name: _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F Address: _____ Phone: _____ 2 nd Phone: _____ MRN: _____ Primary Language: _____ Functional Limitations: _____	
Clinical Information	Diagnosis (Include ICD-10 Code): _____ Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Height: _____ <input type="checkbox"/> in IV access: <input type="checkbox"/> PIV <input type="checkbox"/> PICC <input type="checkbox"/> Port <input type="checkbox"/> Other: _____ Patient's first dose? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of last dose: _____) Prior infusion reactions: _____ HBV Screening Results: HBsAg: _____ anti-HBV core antibody: _____ Date: _____ Allergies: _____ Latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Prior treatments & reason for discontinuation: _____ _____ History of kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, SCr: _____ GFR/CrCl: _____ History of heart failure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescription Information	Dosing Regimen	Quantity
	<input type="checkbox"/> Induction Dosing: Infuse Ocrevus™ 300mg in 250mL NaCl 0.9% at 0 and 2 weeks, then begin maintenance dosing. (Infusion rate to be titrated as per product package insert.)	2 doses (infusions)
	<input type="checkbox"/> Maintenance Dosing: Beginning 6 months from the first induction dose, infuse Ocrevus™ 600mg in 500mL NaCl 0.9% every 6 months. (Infusion rate to be titrated as per product package insert.)	_____ doses (infusions)
	Nursing and Supplies: Must be infused through a dedicated line using an infusion set with a 0.2 or 0.22 micron in-line filter. Home Care to provide additional supply items and nursing care to prepare and administer product as per package instructions. Premedication(s): Methylprednisolone 100mg IV 30 minutes prior to Ocrevus™ infusion Diphenhydramine 50mg IV 30 minutes prior to Ocrevus™ infusion Additional Premedication(s): _____ PRN medication orders: _____ Post-Infusion: Patient to receive post-infusion monitoring and hydration with 500mL NaCl 0.9% infused over 60 minutes following each Ocrevus™ infusion. Lab orders: List any outpatient laboratory work related to this therapy you would like Home Care to draw in conjunction with the patient's medication administration, including the frequency for each lab order. Lab orders are good for the life of the prescription order (one year) unless otherwise indicated. (Lab orders are subject to availability.) _____	
Prescriber Signature	My signature for this prescription also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Home Care and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above. Signature: _____ Date: _____	

Confidentiality statement: This message is intended only for the individual or institution to which it is addressed. This may contain information, which is confidential, privileged, and/or proprietary. This information may be exempt from disclosure under applicable laws including but not limited to HIPAA. If you are not the intended recipient, please note you are strictly prohibited from distributing, copying, or disseminating this information. If you received this information in error, please notify the sender noted above and destroy all transmitted material.