



Phone : 844-800-5377

Fax : 214-782-9155

OCREVUS (IV) RX ENROLLMENT FORM

PATIENT INFORMATION

Patient Name, Date of Birth, Gender, Home Phone, Cell Phone, Email, Address, City, State, Zip, Emergency Contact, Emergency Phone

CLINICAL INFORMATION

Diagnosis (G35 Primary/Relapsing Remitting Multiple Sclerosis, Other), Patient Weight, Patient Height, Allergies, Required Hepatitis B screening results, Has patient previously received Ocrevus?

PRESCRIBER INFORMATION

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

Pharmacy to coordinate home health nursing visit and/or nursing training as necessary.

PRESCRIPTION INFORMATION

Table with 4 columns: Medication, Dose and Directions, Quantity Dispense, Refills. Includes Ocrevus prescription details and monitoring instructions.

REQUIRED FOR HOME INFUSION RX to include diluents, needles, syringes, ancillary supplies, home medical equipment to administer infusion.

IV Access, Flush Protocol, Pre and Post Medications, Anaphylaxis Protocol, Diphenhydramine, Additional Orders

PRESCRIBER SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

Signature lines for Prescriber and Pharmacy, with checkboxes for substitution and written orders.

CA, MA, NC & PR: Interchange is mandated unless Prescriber writes the words "No Substitution" NY & Iowa providers, please submit electronic prescription. IMPORTANT NOTICE: This message may contain privileged and confidential information...