



Please complete ALL information below and fax your request to 1-888-671-5285

Ocrevus® Prior Authorization Request Form (Page 1 of 2)
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Member Information (required) and Provider Information (required) form with fields for Name, Insurance ID#, Date of Birth, Street Address, City, State, Zip, Phone, NPI#, Specialty, Office Phone, Office Fax, Office Street Address, City, State, Zip.

Medication Information (required) form with fields for Medication Name, Strength, Dosage Form, and checkboxes for generic substitution and continuation of therapy.

Clinical Information (required) form with a section to select the diagnosis below, including checkboxes for Multiple sclerosis (MS) and other diagnosis, and a field for ICD-10 Code(s).

Clinical Information section with questions: Will Ocrevus be used in combination with another disease-modifying therapy for multiple sclerosis (MS)? Will Ocrevus be used in combination with another B-cell targeted therapy (e.g., rituximab [Rituxan], belimumab [Benlysta], ofatumumab [Arzerra])? Will Ocrevus be used in combination with another lymphocyte trafficking blocker (e.g., alemtuzumab [Lemtrada], mitoxantrone)?

For relapsing forms of MS, also answer the following: Does the patient have a relapsing form of MS (e.g., relapsing-remitting MS, secondary-progressive MS with relapses)? Select if the patient has had failure after a trial of at least 4 weeks, contraindication, or intolerance to the following disease-modifying therapies for MS: List of 15 drugs with checkboxes. Is the patient NOT a candidate for any of the drugs listed above as prerequisites due to the severity of their MS? Is this for continuation of prior Ocrevus therapy?



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Reauthorization:

If this is a reauthorization request, answer the following questions:

Is there documentation of positive clinical response to Ocrevus therapy? Yes No

Will Ocrevus be used in combination with another disease-modifying therapy for multiple sclerosis (MS)? Yes No

Will Ocrevus be used in combination with another B-cell targeted therapy (e.g., rituximab [Rituxan], belimumab [Benlysta], ofatumumab [Arzerra])? Yes No

Will Ocrevus be used in combination with another lymphocyte trafficking blocker (e.g., alemtuzumab [Lemtrada], mitoxantrone)? Yes No

Quantity Limit Requests:

What is the quantity requested per YEAR? _____

What is the reason for exceeding the plan limitations?

- Titration or loading dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.