

## OCREVUS® (OCRELIZUMAB) REFERRAL CHECKLIST

	Complete patient/care partner counseling:
	☐ Provide FDA-approved patient labeling ( <u>Medication Guide</u> ) and review Patient Counseling Information (both can be found in <u>Full Prescribing</u>
	<u>Information</u> )
	Use the NICA Infusion Center Locator to find an appropriate and convenient infusion center.
	Contact the selected infusion site for referral requirements.
	If the site does not require the use of its own order form, download the NICA Ocrelizumab Infusion Orders form.
	Provide patient/care partner with the "Preparing for Your Ocrevus® Infusion" handout developed by the Infusion Access Foundation.
	Be sure to include the name and phone number of the infusion site where
	the referral will be sent so the patient/care partner can follow up as needed.
	Fax necessary documentation to the selected infusion site:
	☐ Patient demographics/contact information
	☐ Insurance information (copy of front & back insurance card)
	☐ Completed, signed order form
	$\Box$ Chart summary (past medical history, current medications, drug allergies)
	<ul> <li>Documentation supporting medical necessity criteria (e.g., assessment and diagnostic findings noting disease state and response to treatment, disease impact on ADLs, hepatitis B screening, and serum quantitative immunoglobulins)</li> </ul>