

OCREVUS (ocrelizumab) [non-preferred] PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **MS Agents** and **Quantity Limits** are accessible at <http://www.dhs.pa.gov/provider/pharmacyservices/index.htm>.

PRIOR AUTHORIZATION REQUEST INFORMATION		PRESCRIBER INFORMATION	
<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	total pages: _____	Prescriber name:
Name of office contact:		Specialty:	
Contact's phone number:		State license #:	
LTC facility contact/phone:		NPI:	MA Provider ID#:
BENEFICIARY INFORMATION		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Medication requested: Ocrevus (ocrelizumab)	Strength:	Quantity:	Refills:
Directions:			
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):	
Specialty Pharmacy Drug Program: Which specialty pharmacy will be used? <input type="checkbox"/> Diplomat Specialty <input type="checkbox"/> Walgreen's Specialty			
1. Does the beneficiary have a diagnosis of multiple sclerosis?	<input type="checkbox"/> Yes – <i>Submit documentation of diagnosis and disease pattern.</i> <input type="checkbox"/> No – <i>Submit documentation supporting the use of Ocrevus for the beneficiary's diagnosis.</i>		
2. Is the requested medication prescribed by a neurologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No – specialty: _____		
3. Does the beneficiary have evidence of active hepatitis B infection or other significant active infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>	
4. Will the beneficiary receive any antineoplastic, immunosuppressive, or immune modulating therapies while using Ocrevus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>	
5. Will the beneficiary receive any live vaccines while using Ocrevus and after discontinuing Ocrevus until B-cell repletion (as recommended in the FDA-approved package labeling for Ocrevus)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>	
6. <i>For females of childbearing potential</i> , does the beneficiary have documentation of a recent negative pregnancy test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>	
7. <i>For females of childbearing potential</i> , will the beneficiary use adequate contraception during treatment and for 6 months following the last infusion of Ocrevus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>	
Initial requests			
1. Is the beneficiary up-to-date on immunizations according to current guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>	
2. <i>For beneficiaries being treated for a relapsing form of MS</i> , does the beneficiary have a history of trial and failure of or contraindication or intolerance to the preferred multiple sclerosis agents? <i>Check all that apply.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation of therapeutic failure and contraindications/intolerances.</i>	
<input type="checkbox"/> Aubagio <input type="checkbox"/> Betaseron <input type="checkbox"/> Gilenya <input type="checkbox"/> Tecfidera <input type="checkbox"/> Avonex <input type="checkbox"/> Copaxone (20 mg) <input type="checkbox"/> Rebif <input type="checkbox"/> Tysabri			
3. <i>For beneficiaries being treated for a relapsing form of MS</i> , is the beneficiary currently receiving treatment with Ocrevus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation of most recent administration date and clinical response.</i>	
Renewal requests			
1. Does the beneficiary continue to experience clinical benefit for their condition since starting Ocrevus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation of beneficiary's response to therapy.</i>	

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
------------------------------	--------------

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.