**OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.**
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

# Ocrevus® Prior Authorization Request Form (Page 1 of 2)

**DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED**

## Member Information (required)

| | | |
|---|---|---|
| Member Name: | | |
| Insurance ID#: | | |
| Date of Birth: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Phone: | | |

## Provider Information (required)

| | | |
|---|---|---|
| Provider Name: | | |
| NPI#: | Specialty: | |
| Office Phone: | | |
| Office Fax: | | |
| Office Street Address: | | |
| City: | State: | Zip: |

## Medication Information (required)

| | | |
|---|---|---|
| Medication Name: | Strength: | Dosage Form: |
| ❑ Check if requesting **brand** | Directions for Use: | |
| ❑ Check if request is for **continuation of therapy** | | |

## Clinical Information (required)

**Select the diagnosis below:**

❑ Multiple sclerosis (MS)
- ❑ Primary progressive forms of MS
- ❑ Relapsing forms of MS

❑ Other diagnosis: _____ ICD-10 Code(s): _____

**Clinical Information:**

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**

Has hepatitis B virus (HBV) screening been performed for the patient? ❑ **Yes** ❑ **No**

**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)? ❑ **Yes** ❑ **No**

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:
- ❑ Aubagio (teriflunomide)
- ❑ Avonex (interferon beta-1a)
- ❑ Betaseron (interferon beta-1b)
- ❑ Copaxone/Glatopa (glatiramer acetate)
- ❑ Extavia (interferon beta-1b)
- ❑ Gilenya (fingolimod)
- ❑ Lemtrada (alemtuzumab)
- ❑ Plegridy (peginterferon beta-1a)
- ❑ Rebif (interferon beta-1a)
- ❑ Tecfidera (dimethyl fumarate)
- ❑ Tysabri
- ❑ Zinbryta (daclizumab)

Is the patient **NOT** a candidate for any of the drugs listed above as prerequisites due to the severity of their MS? ❑ **Yes** ❑ **No**

Is this for continuation of prior Ocrevus therapy? ❑ **Yes** ❑ **No**

# Ocrevus® Prior Authorization Request Form (Page 2 of 2)

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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.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.