PATIENT DETAILS	*Affix patient Addressograph if available
SURNAME:	FIRSTNAME(S):
DATE OF BIRTH:///	MRN:



## NMDS Multiple Sclerosis Patient Eligibility Form Ocrelizumab (Ocrevus®)

## Form must be completed in full and saved securely in the patient's medical record for audit purposes only

TREATMENT	HSE APPROVED INDICATION	ICD10	Protocol Code
Ocrelizumab (Ocrevus <sup>®</sup> )			MS103a
	OR		
	Ocrelizumab (Ocrevus <sup>®</sup> ) is indicated for the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) in terms of disease duration and level of disability, and with imaging features characteristic of inflammatory activity.	G35	MS103b

ELIGIBILITY				YES	NO	
Indication as per protocol MS103a,b						
Eligibility criteria in protocol MS103a,b have been met						
EXCLUSIONS					NO	
All contraindications laid out in protocol MS103a, b have been considered.						
PREVIOUS MEDICATION(S) FOR MULTIPLE SCLEROSIS						
Name of Medicine (in order of use; 1. =	Reason for change in treatment (please tick)					
first line etc.)	Adverse Event	Loss of Response	Othe	Other Reason		
1.						
2.						
3.						
4.						
5.						
PRESCRIBER DETAILS						
Prescriber Name						
Medical Registration Number						
ELIGIBILITY FORM COMPLETED BY						
Name						
Date						

Protocol: MS - Ocrelizumab	Published: 16/10/2020 Update: July 2024 Review: July 2026	Version Number: 2		
AHDMP Protocol Code: MS103 a,b	Contributor: Prof Christopher McGuigan as Multiple Sclerosis Lead for the National Clinical Programme for Neurology	Page 1 of 1		
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