

**NATALIZUMAB (TYSABRI®)
PRESCRIBER ORDER FORM**



Fax completed form, insurance information, and clinical documentation to:

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Patient Name:		Date of Birth:			
Address:					
Phone:	Height:	<input type="checkbox"/> inches	<input type="checkbox"/> cm	Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kg
CLINICAL INFORMATION					
Primary Diagnosis Description:			ICD-10 Code:		
Is this the first dose?		<input type="checkbox"/> Yes – date of first dose: _____ <input type="checkbox"/> No – date of next dose due: _____	Hepatitis B Status:	Titer Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Prescriber declines based on patient assessment	
TB Status:		<input type="checkbox"/> PPD (negative) – date: _____ <input type="checkbox"/> Last chest x-ray – date: _____ <input type="checkbox"/> Past positive TB infection, course taken: _____	<input type="checkbox"/> Active TB <input type="checkbox"/> Prescriber declines based on patient assessment		
NATALIZUMAB (TYSABRI®) PRESCRIPTION					
Natalizumab (Tysabri®) 300 mg refill as directed x 1 year					
Infuse 300 mg IV over 60 minutes every 4 weeks. Discontinue after 12 weeks if no therapeutic response.					
ANCILLARY ORDERS					
Anaphylaxis Kit					
<p>Dosage:</p> <ul style="list-style-type: none"> • Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN. • Diphenhydramine 25mg PO or IV/IM. May repeat additionally 25mg PO or IV PRN. • Normal saline 500 mL (> 30 kg) or 250 mL (< 30 kg) IV at KVO rate PRN anaphylaxis. Patient < 30 kg, infuse over 2 to 4 hours PRN headache rated > 5 on pain scale. 					
Medication Orders					
<p><input type="checkbox"/> Acetaminophen 650 mg PO 30 min before infusion, may repeat every 3 to 4 hours as needed for fever or mild discomfort. Patient may decline.</p> <p><input type="checkbox"/> Diphenhydramine 25 mg PO 30 min before infusion, may repeat every 4 to 6 hours as needed for mild to moderate allergic reactions. Patient may decline.</p> <p><input type="checkbox"/> Loratadine 10 mg PO 30 min before infusion. Patient may decline.</p> <p><input type="checkbox"/> Methylprednisolone 40 mg IV push 20 minutes prior to infusion.</p> <p><input type="checkbox"/> Other: _____</p>					
IV Flush Orders					
<p><input type="checkbox"/> Peripheral: NS 2 to 3 mL pre-/post-use.</p> <p><input type="checkbox"/> Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly if not accessed.</p>					
Lab Orders					
<p><input type="checkbox"/> No labs ordered at this time.</p> <p><input type="checkbox"/> Other: _____</p>					
Skilled nurse to initiate IV access for administration of doses in the home or alternate care setting. Access to be discontinued upon completion of infusion. Refill above ancillary orders as directed x 1 year.					
<i>I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.</i>					
Prescriber Signature: _____			Date: _____		
PRESCRIBER INFORMATION					
Prescriber Name:		Phone:	Fax:		
Address:		NPI:			
City, State:	Zip:	Office Contact:			
<p>CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.</p> <p>IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.</p>					