Trinity Health Grand Rapids
Lacks Cancer Center
250 Cherry Street SE
Grand Rapids, MI 49503
Fax: 616-685-5522

Natalizumab (Tysabri®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ________________

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: ____
Date of Birth: ______________
Weight: _____kg **Height:** _____cm
Allergies: ____

Primary Insurance: ____________________________________
Member ID: ____
Secondary Insurance: ___________________________________
Member ID: ____

Diagnosis

Diagnosis Code (ICD-10): ________________________________
Indication: ____
Target start date: ____

Lab Orders (prior to each dose)

☐ CBC
☐ CMP
☐ Hepatic Function Panel
☐ Other: ____

TYSABRI TOUCH PATIENT ENROLLMENT NUMBER (required): ________________________________

Required Pre-Treatment:

- ✓ Patient must be enrolled in the Tysabri TOUCH prescribing program **(Prescriber to enroll patient)**
- ✓ Pre-Infusion Patient Checklist must be completed prior to each infusion
- ✓ Patient Medication Guide must be given to the patient prior to each infusion

Hold and notify physician for: ANC below 1.5, Bilirubin 3x ULN, and/ or elevated LFT's (above 5 x ULN)

Pre-Medications:

☐ No pre-medications are routinely given. Pre-medications may be ordered at physician discretion.

☐ Acetaminophen	650mg	Oral
☐ Loratadine	10mg	Oral
☐ Diphenhydramine	50mg	☐ Oral ☐ IV
☐ Famotidine	20mg	☐ Oral ☐ IV
☐ Hydrocortisone	100mg	IV
☐ Methylprednisolone	125mg	IV
☐ Other:		

℞ **Natalizumab (Tysabri®) 300 mg** IVPB over 1 hour every 4 weeks

Note to nursing: Monitor patient for 1-hour post-infusion (each treatment)

Nursing Orders

Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary: sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN

Provider Name: ______________________________
Office Phone Number: __________________________
Attending Physician Name: ______________________
(If ordering provider is an advanced practice practitioner, attending physician required)
Note: This order is valid for 12 months from date of physician signature.

Provider Signature: ____________________________
Office Fax Number: ____________________________