



## Tysabri (Natalizumab) Infusion Order Form

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

- Relapsing-Remitting Multiple Sclerosis    ICD 10 Code: G35     Secondary Progressive Multiple Sclerosis    ICD 10 Code: G35
- Primary Progressive Multiple Sclerosis    ICD 10 Code: G35     Moderate to Severe Crohn's Disease    ICD 10 Code: 7K50.90

### Required Labs

- TB /QuantiferON (within 12 months & attach results)
- Anti-JVC antibodies (within 6 months & attach results)
- Hepatitis B Status & Date: \_\_\_\_\_
- Most recent CBC & CMP (attach results)

### Pre-Medication Orders

- Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO
- Diphenhydramine (Benadryl)     25mg     50mg     PO     IV
- Methylprednisolone (Solu-Medrol)     125mg     IV
- Ondansetron (Zofran)     4mg     8mg     PO     IV
- Other: \_\_\_\_\_    Route: \_\_\_\_\_
- Dose: \_\_\_\_\_    Frequency: \_\_\_\_\_

### Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

### Special Instructions / Notes

**Tysabri Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

Dosage

300mg IV

Frequency

Every 4 weeks

Other \_\_\_\_\_

**Required Documents**

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

**Location**

Eau Claire     Weston     Middleton

### Provider Information

Provider Name: \_\_\_\_\_    Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_    Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_    Date: \_\_\_\_\_