



Patient Name:
 DOB:
 Date of Last Infusion
 Insurance:

Clinic Location:
 Merrimack, NH
 Concord, NH

Natalizumab (Tysabri®) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):	
<input type="checkbox"/> G35 multiple sclerosis	<input type="checkbox"/> Other: _____ <small>(ICD-10) Description</small>
Anti-JCV antibody status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Patient has been enrolled in TOUCH® Prescribing Program
Date of result: _____ Index: _____	

Nursing Orders:

- Prior to every appointment:
 - Confirm patient is authorized in TOUCH Prescribing Program
 - Provide and review patient with Tysabri Patient Medication Guide
 - Complete Pre-infusion Patient Checklist
- If infusion-related reaction occurs, stop infusion, and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Lab Orders:

- JCV™ Antibody (with Index) with Reflex to Inhibition Assay every _____ months
- Other: _____

Dose: Administer **Tysabri 300 mg mixed in 100 ml 0.9% sodium chloride** intravenously over a period of 60 minutes.

Observation Period:

- Monitor patient for hypersensitivity reaction for a period of 60 minutes following each infusion.
- Record vital signs prior to discharge.

Frequency:

- Every 4 weeks
- Other: _____

Additional Orders:

Provider (please print): _____

Provider signature: _____ Date: _____

Order valid for one year unless otherwise indicated here: Order expiration date: _____

Revised 10/24/19. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.