

## TYSABRI MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

### ■ Diagnosis

G35 Multiple Sclerosis  Other: \_\_\_\_\_

### ■ Details Needed for Authorization

- The patient must be enrolled in the Touch Program. Please enter patient's enrollment number: \_\_\_\_\_
- Please provide a JCV test result from within 6 months of this order. If positive, provide documentation of risk discussion with patient.
- Which type of MS does the patient have? Circle one: CIS RRMS PPMS SPMS
- For patient starting on Tysabri, please provide baseline tool measurements (ie. EDISS score, T25-FW, 9-HPT, etc.)
- Provide MRI reports documenting status of current lesions and changes from prior scans.

### ■ Tysabri Order

Patient's height in ft/in: \_\_\_\_\_ Patient's weight in lbs: \_\_\_\_\_

Administered in 100ml of normal saline via peripheral IV.

Tysabri (natalizumab) 300mg over 60 minutes every 28 days +/- 1 day for \_\_\_\_\_ months.

Allow diluted solution to warm to room temperature prior to infusion.

After the infusion is complete, flush with normal saline.

Observe the patient for one hour after the infusion is complete.

Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

### ■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Diphenhydramine 50mg IV and Methylprednisolone 125mg IV for allergic reactions.
- Albuterol sulfate 2.5ml by nebulizer for wheezing and respiratory reactions. Provide oxygen as needed.
- Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

### ■ Ordering Provider Authorization

Provider's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_ License: \_\_\_\_\_

### STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

**Fax this order and supporting documentation to (732) 329-2322.**