



Trinity Health Muskegon & Shelby Infusion Clinics

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444

Shelby: 72 S. State St. Shelby, MI 49455

Fax: 231-727-4328

Natalizumab (Tysabri®)

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

Order Date: ____/____/____

Site of Service: TH Muskegon

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:		

Rx 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: _____

Provider Signature: _____

Office Phone Number: _____

Office Fax 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.