



**LOUIS H.  
MEDVED, MD**  
INFUSION THERAPY

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Tysabri® (natalizumab) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

G35 Multiple Sclerosis                      Other: \_\_\_\_\_  
(ICD-10)                      description

Anti-JCV antibody status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date of result: _____ Index: _____	<input type="checkbox"/> Patient has been enrolled in TOUCH® Prescribing Program
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**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
  - Hold infusion and notify provider if patient reports fever or signs or symptoms of illness or active infection.
- If infusion-related reaction occurs, stop infusion, and initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

**Labs:**

- CBC w/diff; **CMP**, every 6 months
- JCV™ Antibody (with Index) with Reflex to Inhibition Assay, every 6 months
- Other: \_\_\_\_\_

Administer **Tysabri 300 mg in 100 ml 0.9% sodium chloride** intravenously over 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: \_\_\_\_\_

Revised 10/24/19. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer’s instructions as necessitated by product availability.