RED RIVER HEALTH
Ambulatory Infusion Clinic

Jonesboro, AR: AICJonesboro@RedRiverRX.com **Fax:** 1-870-558-4101
Texarkana, TX: AICTexarkana@RedRiverRX.com **Fax:** 1-844-547-1957

TYSABRI (natalizumab) Infusion Orders

Patient Name: DOB: ☐ M ☐ F

☐ NKDA Allergies:

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider: Provider NPI:

Practice Phone: Practice Fax:

Diagnosis *(please provide ICD-10 code)*:

☐ _____ Multiple Sclerosis (MS) ☐ _____ Crohn's Disease (CD)

Pre-Medication:

☐ Tylenol 1000mg PO
☐ Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ Other: _____

Required Documents:

☑ Patient Demographic Sheet
☑ Clinical/Progress notes, Labs, Tests supporting Primary Diagnosis *(please attach)*
☑ Most Recent Labs, including anti-JCV antibodies *(please attach)*
☑ TYSABRI TOUCH Authorization Form
☑ Previous MS Drug Therapy History, including tried & failed therapies

TYSABRI ORDERS:

Dosing: ☑ 300mg in 100ml 0.9% sodium chloride, administered IV over 60 minutes

Frequency: ☑ every 4 weeks (28 days) ☐ Other: _____

Refills: _____ *(if not indicated, Rx will expire one year from date signed)*

Red River Health Standing Orders:

☑ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: Date: