coastal infusion services
a promptcare company

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Tysabri (natalizumab) I Order Form

Patient Name: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

1. **For new patients, please submit with form:** (for detailed information refer to the **Tysabri Ordering Guide** below)
   ☒ Copy of insurance card ☒ Patient demographics ☒ History & physical
   ☒ Pertinent labs/test results (anti-JCV antibody) ☒ Documentation of baseline MRI (optional for Crohn's Disease)

2. **Patient Information**
   ☐Male ☐Female Height: _____ in/cm Weight: _____ lbs/kg ☐NKDA Allergies: _____
   Is this the first dose? ☐Yes ☐No, last infusion date: _____ Next due: _____ Line type: ☐PIV ☐PICC ☐Port ☐Other
   REMS program (*TOUCH*) patient enrollment #: _____ (*Note: patient must be enrolled in TOUCH*)

3. **Diagnosis and Clinical Information**
   ICD-10 (required): _____ Primary Diagnosis: ☐ Multiple sclerosis ☐ Crohn's disease ☐ Other: _____

4. **Prescription Information**

Medication	**Tysabri 300 mg/15 mL single-dose vial**
Dose / Frequency	300 mg IV every 4 weeks
Directions	Dilute in 100 mL of 0.9% sodium chloride and infuse over 1 hour per manufacturer guidelines After infusion is complete, flush entire IV line with 0.9% sodium chloride
Quantity / Refills	Dispense 1 month supply on all medications / Refill x 12 months ☐Other: _____ Dispense all medical supplies necessary for infusion

5. **Additional Orders**
   ☒ RN to start peripheral IV or use existing CVC. RN to administer catheter flushing per Coastal Infusion Services Policy and Procedure
   ☒ RN to instruct patient to hydrate pre/post infusion and educate on taking OTC diphenhydramine and/or acetaminophen per manufacturer dosing recommendations as needed to prevent/treat post-infusion headache.
   ☒ RN to educate on possible side effects, allergic reactions, when to contact physician and RN to monitor patient post-infusion:
      ☒ For the first 12 infusions, monitor for 1 hour after infusion is complete
      ☒ For the 13th and subsequent infusions*:
         ☒ If patient received the first 12 infusions without evidence of a hypersensitivity reaction, observe post-infusion according to clinical judgement, unless indicated otherwise below:
         ☐ Patient to continue to be monitored for 1 hour (OR _____ min) after infusion is complete
      **Note: following a period of dose interruption, patients who recommence therapy have a risk of antibody development similar to Tysabri naïve patients and should be monitored accordingly*
   ☐ **Other:** _____

6. **Adverse Reaction Orders**
   Standard anaphylaxis kit to be dispensed and dosed per protocol. Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional orders: _____

7. **Prescriber Information**
   Prescriber Name: _____ Office Contact: _____
   Address: _____ City: _____ State: _____ Zip: _____
   Phone: _____ Fax: _____ **Is prescriber authorized & enrolled in REMS program?** ☐Yes (required)
   License NO.: _____ DEA NO.: _____ NPI: _____

_____ _____ _____ _____

Physician Signature (Substitution Permitted) Date **Physician Signature (Dispense as Written)** Date

By signing I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment. Coastal Infusion Services has my permission to contact the patient's health plan to obtain any authorizations necessary to enable it to receive payment for services.

Tysabri (natalizumab) Ordering Guide

- For **new patients**, please submit completed **Tysabri Order Form** (above) with all available supporting documentation to facilitate the approval process.

- ***Please submit with Tysabri Order Form the following supporting documentation***: *
  - Progress notes with documentation of diagnosis
  - Labs and test results supporting diagnosis, screening / monitoring (including anti-JCV antibody testing)
  - Medication history, including prior and/or concurrent therapies for primary diagnosis, prior use of immunosuppressants

  **Specific plans may require additional documentation for prior authorization*

- Additional information for consideration:
  - To provide Tysabri, prescribers, patients, pharmacies, and infusion sites must be enrolled in the TOUCH Program
  - Risk Evaluation and Mitigation Strategy (REMS) requirements include, but are not limited to:
    - Prescriber requirements:
      - Review the TOUCH Prescribing Program's prescriber educational materials and prescribing information
      - Educate patients on the benefits/risks of Tysabri, provide patient with TOUCH educational materials
      - Evaluate patients three months after the first infusion, six months after the first infusion, every six months thereafter, and for at least six months after discontinuing
      - Assess every 6 months for continuation of therapy, and submit the Tysabri Patient Status Report and Reauthorization Questionnaire to TOUCH
      - Complete an "Initial Discontinuation Questionnaire" when Tysabri is discontinued, and a "6-Month Discontinuation Questionnaire" following discontinuation of Tysabri
      - Report cases of PML, hospitalizations due to opportunistic infections, and deaths to Biogen at 1-800-456-2255 as soon as possible
    - Pharmacy requirements:
      - Prior to dispensing, verify the prescriber, patient, and infusion center is authorized through TOUCH
      - Dispense Medication Guide
    - Infusion site requirements:
      - Obtain authorization to dispense each infusion by confirming receipt of a Notice of Patient Authorization (or by contacting the REMS program) and verify no Notice of Patient Discontinuation to ensure patient is authorized to receive Tysabri
      - Provide the patient with the Medication Guide
      - Complete the Pre-Infusion Patient Checklist. Submit within 1 day of the patient's visit, maintain copy
  - Regular **anti-JCV antibody testing** is supported by Tysabri's Prescribing Information. Frequent testing may help mitigate the risk of PML and aid in assessing suitability of starting or continuing Tysabri therapy
  - Any necessary lab draws will need to be arranged at prescriber's office or a lab facility of patient's preference

- Resources:
  - TOUCH Program educational materials, enrollment/authorization forms, and Pre-Infusion Checklist are available at www.tysabri.com, www.touchprogram.com, as well as on the Food and Drug Administration (FDA) website