

Checklist for Tysabri (natalizumab) Referral

Required documentation for all initial referrals

Patient _____ DOB _____ Date _____ New Start Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- Patient demographics (e.g. address, phone number, SSN, etc.)
- Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber’s date of birth.
 - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- Signed and completed Tysabri Standard Order (our order form) with ICD diagnosis code
 - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
 - New order required every 6 months per PI
- Completed and signed Tysabri Start Form
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Tysabri.
- Required TB screening results:** PPD or QuantiFERON Gold Test (*within 3 years*) Date: _____
- Required Hepatitis screening (*within 1 year*):** Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, and Hepatitis B Core Antibody results.
- Required JCV results**
- Required baseline MRI**
- New Starts: Herpes zoster vaccination status?** (*Please check one*) Yes _____ No _____
- In women of child-bearing age, ensure birth control
- Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
 - Name: _____
 - Phone Number: _____

Paperwork can be faxed or emailed to (843)-824-2327, infusionemail@articularishealthcare.com

Infusion Coordinators Brenna, Carlye or Stephanie will assist you with any questions at
(843)-572-8932

Low Country Rheumatology Infusion Locations

Please mark preferred location and we will do our best to accommodate, however we cannot make any guarantees.

Summerville

2001 2nd Ave, Suite 201, Summerville, SC 29486

Mount Pleasant

1165 Chuck Dawley Blvd, Mt. Pleasant, SC 29464

West Ashley

2291 Henry Tecklenburg Drive, Charleston, SC 29414

Low Country Rheumatology Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. The patient will have an annual 30-minute consult with our MD to obtain H&P for chart. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Low Country Rheumatology Use Only Existing Patient Yes _____ No _____ Physician _____

Standard Orders for Tysabri (natalizumab) Administration

Patient _____ DOB _____ Date _____

***NOTE:** Patient may be ineligible to receive Tysabri if they have suspected infectious process or is receiving antibiotic for active infectious process, antifungal therapy, or active fever due to the possibility of developing a super infection related to its effect on the immune system.. Patient is ineligible to receive Tysabri if they have new-onset or deteriorating neurological changes and/or upcoming surgery. **Orders must be renewed every 6 months per PI.**

Indication:

<input type="checkbox"/> G35 Relapsing Multiple Sclerosis	<input type="checkbox"/> Other: _____
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History:

- Baseline MRI date: _____
- Last JCV date: _____ (Please attach result)
- HBsAg, HBsAb, HB core Ab results
- Reauthorization/status report every month. Date: _____
- Any other immunosuppression drugs: _____
- Recent or upcoming surgical procedure: Yes No

Orders:

- Standard Order Protocol:
 - Obtain patient weight each visit
 - Vital signs every 30 minutes beginning with the start of infusion until completion of 1-hour post-infusion observation period. Maintain IV access during observation period.
 - Administer Tysabri IV as directed per protocol using tubing without a filter.
 - Assess patient for response to therapy.
 - **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
 - Instruct patient/caregiver on medications, signs/symptoms of adverse reaction.
 - Discharge instructions to include possible infusion side effects, neurologist phone number with instructions to call that number for infusion reaction after discharge and follow-up appointment schedule.

Dose:

Standard Dose Protocol: Tysabri (natalizumab) 300 mg over 1-hour Q 4 weeks

Premedicate:

Pre-medicate x 1 dose 30 minutes prior to each infusion with:

- Acetaminophen
 - 325 mg PO 500 mg PO 650 mg PO 1000 mg PO
- Diphenhydramine
 - 25 mg PO 50 mg PO 25 mg IVP 50 mg IVP
- Solu-Medrol
 - 62.5 mg IVP 100 mg IVP Other: _____
- Alternate antihistamine to diphenhydramine
 - 4 mg SL Ondansetron 4 mg IVP Ondansetron 10 mg PO Loratadine
 - 10 mg PO Cetirizine 10 mg PO Cetirizine 150 mg PO Ranitidine

Additional orders/comments:

Practice Name: _____

NPI: _____

Physician Name: _____

State License: _____

Physician Signature: _____

DEA #: _____

Date: _____

UPIN: _____