

# Natalizumab (Tysabri) Order Form

SOMC Cancer Center & Infusion  
Ph: (740) 356-7490  
Fx: (740) 356-7488

## PATIENT & PRESCRIBER INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Patient Address: \_\_\_\_\_

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_  lbs.  kg. Allergies: \_\_\_\_\_

Prescriber Name/Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Prescriber NPI #: \_\_\_\_\_

**REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

**LAB RESULTS: Include Negative TB and Hepatitis B tests.**

## DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- Infusion rates will follow manufacturer recommendations.
- 0.9% NaCl 250 ml primary at KVO during infusion, and flush line during observation period.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- Monitor for any adverse events post administration for at least 1 hour for first 12 infusions or until clinically stable.

**Pre-Treatment Medications:** (Check all that apply) To be administered 30 minutes prior to each administration.

- Acetaminophen (Tylenol) 650 mg by mouth x 1 dose
- 25 mg /  50 mg Diphenhydramine (Benadryl)  PO or  IV x 1 dose
- Methylprednisolone (Solumedrol) 100 mg IVP x 1 dose
- Other (Please Specify) - \_\_\_\_\_

**Diagnosis** (Check all that apply)

- Multiple Sclerosis (Relapsing-Remitting)
- Multiple Sclerosis (Progressive-Relapsing)
- Multiple Sclerosis (Primary-Progressive)
- Multiple Sclerosis (Secondary-Progressive)
- Crohn's Disease

**Dose:**

- Natalizumab (Tysabri) 300 mg/15 mL in 100 mL NS over 1 hour every 4 weeks x 1 year.

Additional order(s) \_\_\_\_\_

Lab order(s)

- CBC  at each dose or  every \_\_\_\_\_
- CBC w/ Diff  at each dose or  every \_\_\_\_\_
- CMP  at each dose or  every \_\_\_\_\_
- Other - \_\_\_\_\_

PROVIDER:

DATE:

TIME:

SIGNATURE:

**Southern Ohio  
Medical Center**

*Very* Good things are happening here

NATALI

Created: 02/28/2024	P & T Comm.
Reviewed & Approved	02/29/2024
Next Review Date	02/28/2026
Version	v02282024.0