# Natalizumab (Tysabri)

**Provider Order Form** *rev. 1/25/2026*

IVCARE INFUSION

☐ Saint Cloud, FL
☐ Lake Mary-Sanford, FL
☐ Nashville, TN
☐ Gallatin, TN

## PATIENTINFORMATION

**Referral Status:** New Referral Updated Order Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

NKDA Allergies: Weight (lbs/kg): Height:

**Patient Status:** New to Therapy Continuing Therapy Last Treatment Date: Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

## NURSING

Verify patient is enrolled and authorized in TOUCH program.
Complete pre-infusion checklist at www.touchprogram.com; notify provider of any contraindications to infusion.
Provide nursing care per IVCare Infusion's Nursing Procedures, including reaction management and post-procedure observation.

## LABORATORY ORDERS

STRATIFY JCV Antibody ELISA with reflex to inhibition assay, JCV with index

CBC at each dose every _____
CMP at each dose every _____

Other: _____

## PRE-MEDICATION ORDERS

**(ADMINISTER 30MINUTES PRIOR TO PROCEDURE)**

acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25mg / 50mg PO / IV
methylprednisolone (Solu-Medrol) 40mg / 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____
Frequency: _____

## THERAPY ADMINISTRATION

**Natalizumab** (Tysabri) in 100ml 0.9% sodium chloride, intravenous infusion

Dose: 300mg Frequency: ☐every 4 weeks / ☐other: _____ Infuse over 60 minutes

Flush with 0.9% sodium chloride at infusion completion

Patient required to stay for 1-hour observation post infusion
Refills: ☐Zero / ☐for 12 months / _____
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

**Provider Name (Print)** **Provider Signature** **Date**

***Email*: *info@ivcareinfusion.com or fax this Form, Insurance card (both sides), Demographics, Recent H&P, Labs & supporting Clinicals to:***

***FAX NUMBER FOR* TYSABRI *REFERRALS: (615) 471-8674***


TN

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