GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Tysabri - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Tysabri treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Tysabri prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Tysabri
- Medication list and allergies
- Baseline: MRI Brain, JCV antibody, CBC w diff, CMP, Varicella antibody
- Recommended for continued therapy: frequent MRI Brain, JCV, CBC w diff, and CMP monitoring

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

Prescribing Order - Tysabri (natalizumab)

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

- ☐ Acetaminophen 1000mg PO
- ☐ Loratadine 10mg or Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Diphenhydramine 25mg IV
- ☐ Solu-medrol 125mg IV
- ☐ Other

LAB ORDERS

- ☐ JCV antibody every
- ☐ CBC w diff, CMP every

Prescribing Order - Tysabri (natalizumab) (continued)

TYSABRI MEDICATION ORDER

- ☐ Tysabri 300mg in 100ml NS IV over 1 hour every 4 weeks x 12 months
- ☐ Tysabri 300mg in 100ml NS IV over 1 hour every _____ weeks x 12 months
- ✓ Monitor patient for 1 hour after Tysabri infusion for first 12 treatments, then monitor per GBIC protocol. Infuse

ADMINISTRATION & MONITORING

- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ Do not administer if any suspected signs/symptoms of PML.
- ✓ Complete required TOUCH screening and checklist prior to each infusion.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME | **NPI** | **DATE**

SIGNATURE | **OFFICE PHONE / EXT.**

Handwritten or compliant electronic signature