

 <p><b>VANCOUVER CLINIC<sup>®</sup></b>  <b>ADULT AMBULATORY NON-CHEMO</b>  <b>INFUSION REFERRAL and ORDER</b></p> <p>Attn: Infusion Department</p> <p><b>Natalizumab (TYSABRI<sup>®</sup>)</b></p>	<p><b>NAME:</b>  <b>DOB:</b>  <b>INSURANCE:</b>  <b>PROVIDER NAME:</b>  <b>CLINIC NAME and Phone number:</b></p>
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Weight: \_\_\_\_\_ lb/kg    Height: \_\_\_\_\_ inch/cm  
Diagnostic Code ICD-10: \_\_\_\_\_    Diagnosis: \_\_\_\_\_

Initial Consult     Annual Renewal  
Treatment Start Date: \_\_\_\_\_

**\*\*These orders will expire after 365 days; new orders are needed after the expiration date\*\***

This form serves as a referral to infusion services and for medication ordering.  
Patients will be seen by our internal infusion clinician for purposes of providing care.

**GUIDELINES FOR ORDERING:**

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If pre-screening test and labs are not accessible through Epic, please fax a copy of requested lab as well (see below). If labs not completed initially and every three months, Vancouver Clinic infusion clinician to order the labs.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).
- Natalizumab is restricted to credentialed prescribers only through the TOUCH™ Prescribing Program
  - Prescribers MUST be enrolled in the TOUCH™ Prescribing Program
  - Patients MUST be enrolled in the TOUCH™ Prescribing Program
  - Contact the TOUCH™ Prescribing Program at 1-800-456-2255 for details and enrollment
  - Notify Biogen Customer Service of any adverse reactions at 1-800-456-2255
- Nurse will complete TOUCH™ pre-infusion questionnaire and will contact ordering provider as directed by program.

**PRE-SCREENING/LAB:**

- CBC with differential, every 3 months.
- Comprehensive Metabolic panel, every 3 months
- Hepatic Function Panel, every 3 months.

**MEDICATIONS:**

- Natalizumab (TYSABRI<sup>®</sup>)** 300 mg in sodium chloride 0.9% 100 mL, intravenous. Administer over 1 hour, for 1 dose. Repeat every 4 weeks, at least 25 days apart. Observe patients during

*Please fax the completed form and pertinent information to Fax: 360-604-1776*

**Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664**  
Phone: 360-541-3245



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**INFUSION REFERRAL and ORDER**

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**NAME:**  
**DOB:**  
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**CLINIC NAME and Phone number:**

the infusion and for one hour after the infusion is complete.

**Provider's signature:** \_\_\_\_\_

**Provider's printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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