



Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ ID# \_\_\_\_\_

Weight \_\_\_\_\_ Date \_\_\_\_\_

## Natalizumab (TYSABRI)

Diagnosis: (ICD-10 code) \_\_\_\_\_ - Description \_\_\_\_\_

### For Provider

Tysabri is available only through the TOUCH Prescribing Program to prescribers, infusion centers, and pharmacies associated with infusion centers registered through the program

### Outpatient Medications

### Infusion Medication

**Natalizumab (TYSABRI) in 0.9% Sodium Chloride 100mL IV**

**Dose:** 300 mg IV over 60 minutes every month

### Pre-Meds

No pre-medications necessary.

Contact Provider if patient has reaction and requires pre-medication for future appointments.

### Labs

### Additional Orders

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_