

# Tysabri® Referral Form



University Hospitals  
Home Care Services

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Please complete each section of the referral form below and fax along with a copy (front and back) of all of the patient's pharmacy and medical insurance cards, the patient's demographic face sheet, and any relevant clinical notes/documents.

<b>Provider Information</b>	Prescriber: _____ NPI: _____ Phone: _____ Fax: _____ Office Contact: _____ Address: _____ _____	
<b>Patient Information</b>	Name: _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F Address: _____ Phone: _____ 2 <sup>nd</sup> Phone: _____ MRN: _____ Primary Language: _____ Functional Limitations: _____	
<b>Clinical Information</b>	Diagnosis (Include ICD-10 Code): _____ Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Height: _____ <input type="checkbox"/> in IV access: <input type="checkbox"/> PIV <input type="checkbox"/> PICC <input type="checkbox"/> Port <input type="checkbox"/> Other: _____ Allergies: _____ Latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No Prior treatments & reason for discontinuation: _____ History of kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, SCr: _____ GFR/CrCl: _____ History of heart failure: <input type="checkbox"/> Yes <input type="checkbox"/> No Patient's first dose? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, Treatment start date: _____ Date of last dose: _____ ) Prior infusion reactions: _____ Anti-JCV antibody: Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive If positive, antibody titer: _____ Prior immunosuppressant use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____	
<b>Prescription Information</b>	<b>Dosing Regimen</b>	<b>Quantity</b>
	<input type="checkbox"/> Infuse Tysabri® 300mg in 100mL NaCl 0.9% over 60 minutes every four (4) weeks.	_____ doses (infusions)
	<b>Nursing and Supplies:</b> Home Care to provide additional supply items and nursing care to prepare and administer product as per package instructions. <b>Premedication(s):</b> <input type="checkbox"/> Acetaminophen 325-650mg PO 15-30 minutes prior to infusion <input type="checkbox"/> Diphenhydramine 25-50mg PO 15-30 minutes prior to infusion <input type="checkbox"/> Other premedication(s): _____ <b>PRN Medication(s):</b> <input type="checkbox"/> Acetaminophen 325-650mg PO Q4 hours PRN <input type="checkbox"/> Diphenhydramine 50mg IV x1 dose PRN <input type="checkbox"/> Methylprednisolone 125mg IV x1 dose PRN <input type="checkbox"/> Other PRN medication(s): _____ <b>Post-Infusion:</b> Patient to receive post-infusion monitoring and hydration with 500mL NaCl 0.9% infused over 60 minutes following each Tysabri® infusion. <b>Lab orders:</b> List any outpatient laboratory work related to this therapy you would like Home Care to draw in conjunction with the patient's medication administration, including the frequency for each lab order. Lab orders are good for the life of the prescription order (one year) unless otherwise indicated. (Lab orders are subject to availability.) _____	
<b>Prescriber Signature</b>	My signature for this prescription also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Home Care and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above. Signature: _____ Date: _____	

**Confidentiality statement:** This message is intended only for the individual or institution to which it is addressed. This may contain information, which is confidential, privileged, and/or proprietary. This information may be exempt from disclosure under applicable laws including but not limited to HIPAA. If you are not the intended recipient, please note you are strictly prohibited from distributing, copying, or disseminating this information. If you received this information in error, please notify the sender noted above and destroy all transmitted material.