

TYSABRI (Natalizumab) ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Male	Female	Email:
Address:	Weight:	KG	LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

TYSABRI ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE and FREQUENCY

Dosing/Frequency:

300mg IV every 4 weeks

Diagnosis: (PLEASE REFRAIN FROM USING AN UNSPECIFIED ICD10 CODE!)

G35—Multiple Sclerosis

Please identify the type of MS the patient has been diagnosed with:

Relapsing-remitting MS
 Secondary-progressive MS
 Primary-progressive MS
 Progressive-relapsing MS

K50.00—Crohn's disease of small intestine with complications

K50.10—Crohn's disease of large intestine w/o complication

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions:

Physicians Signature:

Date:

(Order is Valid for One Year)

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
 - CMP and CBC
 - JCV Antibody test
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note
- Most recent MRI report

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.