Spectrum Health

Physician's Orders NATALIZUMAB (TYSABRI), EVERY 4 WEEKS - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
CSN

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Treatment Intent

☐ Conditioning ☐ Curative ☐ Mobilization ☐ Supportive
☐ Control ☐ Maintenance ☐ Palliative

Cycles 1 to 12 **# of cycles: _____** Cycle length: 28 days

Day 1 Perform every 1 day x 1

Appointment Requests

◉ **ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1**

Interval: Once
Expected: S, Expires: S+365, 150 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Safety Parameters and Special Instructions

◉ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

Interval: Until discontinued

Comments:
- NATALIZUMAB (TYSABRI) - The REMS program requires that a Medication Guide be dispensed with this product. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/1215104s959lbl.pdf#page=30
- The prescriber (or infusion nurse) will complete the Pre-Infusion Patient Checklist with each patient prior to each infusion and submit to Biogen within 1 business day of the patient's visit.
- For more information: https://www.touchprogram.com/TTP/
- Purpose:
  To increase awareness of the risk of progressive multifocal leukoencephalopathy (PML) associated with Tysabri, including the increased risk with longer treatment duration, prior immunosuppressant use, and the presence of anti-Jamestown Canyon virus antibodies; to warn against concurrent use of antineoplastic, immunosuppressant, or immunomodulating agents, and in immunocompromised patients; and to promote early diagnosis of PML and timely discontinuation of Tysabri if PML is suspected.

Provider Reminder

◉ **ONC PROVIDER REMINDER 28**

Interval: Once
Comments: Order MRI Brain once per year.

CONTINUED ON PAGE 2 ➔

NOTE: *Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.*

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Provider Reminder

ONC PROVIDER REMINDER 7

Interval: Until discontinued
Comments: Natalizumab (TYSABRI): Obtain baseline brain MRI; if PML is suspected, obtain gadolinium-enhanced brain MRI scan and CSF analysis for JC viral DNA.

Vitals

VITAL SIGNS

Interval: PRN
Comments: Take vital signs prior to infusion, post infusion, one hour post infusion, and as frequently as indicated by patient's symptoms.

Treatment Parameters

ONC NURSING COMMUNICATION 200

Interval: Until discontinued
Comments: May Initiate IV Catheter Patency Adult Protocol.

Nursing Orders

ONC NURSING COMMUNICATION 17

Interval: Until discontinued

Comments:

- Before each dose, document patient's response to the following questions in the Natalizumab (Tysabri) RN Assessment Flowsheet. To locate the flowsheet, search for Tysabri or Natalizumab in the Flowsheet search bar.
  1. Do you have a medication condition that can weaken the immune system (e.g., HIV infection or AIDS, Leukemia/Lymphoma, organ transplant, other)?
  2. Do you have a fever or recent infection?
  3. For patients who have received Tysabri in the past, ask if they have had hives, itching or trouble breathing during or after receiving a dose of Tysabri.
  4. Are you pregnant or breast feeding?
  5. Do you have any new or worsening medical problems that have lasted several days (e.g., thinking, eyesight, balance, strength, weakness on 1 side of the body, using arms and legs)?
- If patient answers "yes" to any of the above questions, do not administer the Tysabri and notify the physician.
- Notify Provider if anti-JCV antibody testing was not completed prior to treatment.
- Monitor patients and withhold Tysabri immediately at the first sign or symptom suggestive of Progressive Multifocal Leukoencephalopathy (PML) (e.g., changes in thinking, confusion, memory, balance, strength, vision disturbance, weakness on 1 side of the body, or when using arms and legs).
- If a hypersensitivity reaction occurs, stop the administration of Tysabri and contact the physician.
- Tysabri should be run on a dedicated line. Do not inject other medications into infusion set or mix with Tysabri.
- Vital signs performed: Take vital signs prior to infusion, post infusion, one hour post infusion, and as frequently as indicated by patient's symptoms.
- Observe patients during all infusions. Post-infusion, for the first 12 infusions, observe patients for one hour after the infusion is complete. For patients who have received 12 infusions without evidence of a hypersensitivity reaction, observe patients post-infusion for the 13th and subsequent infusions according to clinical judgment.

CONTINUED ON PAGE 3 ➔

Patient Name

DOB

MRN

Physician

CSN

Medications

natalizumab (TYSABRI) in sodium chloride 0.9 % 100 mL IVPB

Dose: 300 mg Route: Intravenous Administer over 1 hour for 1 dose
Start: S
Instructions:

- Patients should be closely monitored for signs and symptoms of hypersensitivity during the infusion. The infusion should be discontinued if a reaction occurs, and treatment of the reaction should be instituted. Following infusion, flush line with NS.
- Observe patients during all infusions. Post-infusion, for the first 12 infusions, observe patients for one hour after the infusion is complete. For patients who have received 12 infusions without evidence of a hypersensitivity reaction, observe patients post-infusion for the 13th and subsequent infusions according to clinical judgment.

Medications

sodium chloride 0.9% bolus injection 100 mL

Dose: 100 mL Route: Intravenous Once for 1 dose
Start: S
Instructions:
To mix with natalizumab when patient supplies medication.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

