

**Physician's Orders**
**NATALIZUMAB (TYSABRI), EVERY 40 DAYS -**
**ADULT, OUTPATIENT, INFUSION CENTER - ADULT, OUTPATIENT, INFUSION CENTER**

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Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

**Site of Service**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Provider Specialty**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

**Treatment Intent**

- |                                       |                                      |                                       |                                     |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative    | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control      | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative   |                                     |

**Cycles 1 to 9 # of cycles:**   **Cycle length: 40 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](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.**

# NATALIZUMAB (TYSABRI), EVERY 40 DAYS - ADULT, OUTPATIENT, INFUSION CENTER - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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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.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Patient Name  
 DOB  
 MRN  
 Physician  
 CSN

# NATALIZUMAB (TYSABRI), EVERY 40 DAYS - ADULT, OUTPATIENT, INFUSION CENTER - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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**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.



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



EPIC VERSION DATE: