TYSABRI INFUSION ORDERS

Patient Name: ________________________________
Diagnosis: ________________________________

*** Due to the risk of Progressive Multifocal Leukoencephalopathy (PML), Tysabri is restricted through a "REMS" requirement and is only available through the "TOUCH" Prescribing Program. THE NURSE MUST CONFIRM PATIENT IS AUTHORIZED to receive Tysabri; SCAN THE COMPLETED Pre−Infusion Patient Checklist TO THE PHARMACY ALONG WITH MED ORDER; & provide patient with the Medication Guide. As part of the REMS requirement, the provider must authorize continued treatment every 6 months.

* Screen patients at each visit for active infection before any treatment is given, especially for any new signs/symptoms suggestive of PML (e.g. changes in thinking, memory, eyesight, balance, or strength), encephalitis, or meningitis (e.g., fever, H/A, confusion). If present, notify provider immediately.
* Screen patients for pregnancy status and notify provider for possible pregnancy.
* Notify provider of any signs/ symptoms suggestive of liver disease (e.g., jaundice, dark urine, nausea, abdominal pain, fatigue).
* Avoid use of ‘live’ vaccinations concurrently with Tysabri.

The following orders will be enacted unless a specific order is written to the contrary:

1. Please check to activate each order desired:
   - Natalizumab (Tysabri) 300 mg in 100 ml 0.9% Sodium Chloride IV infused over 1 hour every 4 weeks.
     Following infusion flush line with at least 20 ml of 0.9% Sodium Chloride IV.

2. Monitor patient for hypersensitivity reaction during and for at least 1 hour after infusion completed.

3. Additional meds/IV fluids (Tysabri compatible with N/S only):

4. Premedication: If patient experiences an infusion−related reaction, consider pre−medication prior to subsequent infusions. Patients who have experienced hypersensitivity reactions should NOT be retreated with Tysabri.

   - Acetaminophen (Tylenol) 500mg PO X 1
   - Loratadine (Claritin) 10mg PO X 1
   - Diphenhydramine (Benadryl) 50mg PO X 1
   - Prednisone _____ mg PO PM night before infusion
   - Prednisone _____ mg PO AM morning of infusion
   - Patient instructed to take at home

5. Infusion Reaction protocol: The following orders will be enacted unless a specific order is written to the contrary:

   For MINOR infusion reaction (e.g., headache, fever, chills, nausea, flushing)
   • Continue infusion at current or decreased rate as tolerated by patient; monitor patient closely

   For MODERATE infusion reaction (e.g., pruritus, rash, dizziness)
   • STOP infusion
   • Give diphenhydramine (Benadryl) 25mg IV x 1 dose
   • May restart infusion after 15 minutes at a decreased rate as tolerated only if patient is asymptomatic and vital signs are stable.
   • Notify provider

   For SEVERE infusion reaction or anaphylaxis (e.g., urticaria, dyspnea, wheezing, hypotension, abdominal cramps, angioedema)
   • STOP administration of Tysabri immediately
   • For ANAPHYLAXIS: Epinephrine (EpiPen) 0.3mg (0.3ml) IM x 1 STAT, administered into anterolateral aspect of the thigh
   • For HYPOTENSION: Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
   • Diphenhydramine (Benadryl) 25 mg IV X 1 dose
   • Methylprednisolone (Solu–Medrol) 125 mg IV x 1 dose
   • Notify provider
   • Transport the patient to the Emergency Department

PHYSICIAN SIGNATURE ______________________ DATE/TIME ________________________

Wentworth–Douglas Hospital
PHYSICIAN ORDERS

NATALIZUMAB (TYSABRI) INFUSION ORDERS