

Natalizumab (TYSABRI) Infusion Therapy Plan Orders

Page 1 of 2

Name: _____

Kaiser Permanente Member I.D. # _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Pre-Service Authorization has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: _____

Diagnosis:

ICD-10 code (REQUIRED): _____

Weight: _____ kg

ICD-10 description _____

General Plan Communication

- Special instructions/notes: _____

Provider Information

- Tysabri® is available only through the TOUCH® Prescribing Program to prescribers, infusion sites, and pharmacies associated with infusion sites registered through the program.
- Tysabri® can only be prescribed to patients who are enrolled in and meet all the requirements of the program. Contact the TOUCH™ Prescribing Program at 1-800-456-2255 for details and enrollment or online at www.TOUCHprogram.com.
- Ensure patient has baseline hepatic function panel, CBC with differential, and JCV antibody completed within 3 months prior to treatment start day (first infusion).
- For subsequent infusions, ensure patient has hepatic function panel and CBC with differential completed every 3 months x 2 after first infusion, then every 6 months thereafter. JCV antibody should be completed every 3 months.
- If potential pregnancy risk, including female of child-bearing age not using effective contraceptive and sexually active, baseline hCG pregnancy test is completed no earlier than 2 weeks prior to first infusion.
- Consider extending natalizumab 300 mg to every SIX WEEKS in stable patients on standard dose for at least 12 months.

Infusion Therapy

natalizumab (TYSABRI) in 0.9% sodium chloride 100 mL IV infusion

Dose: 300 mg

Route: Intravenous

Frequency: Once every 4 weeks

Infuse over: 60 minutes

If infusion-related reaction:

- STOP infusion immediately;
- Increase primary infusion to wide open rate;
- Administer PRN medications per hypersensitivity protocol;
- Notify MD

Note any changes to above regimen: _____

Pre-Meds

- No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.

IV Line Care

0.9% sodium chloride infusion 250 mL

Rate: 30 mL/hr **Route:** Intravenous **Frequency:** Run continuously to keep vein open

Start peripheral IV if no central line

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Page 2 of 2

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Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- diphenhydramINE (BENADRYL) injectable
Dose: 25 mg Route: Intravenous
Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg Route: Intramuscular
Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
Dose: 100 mg Route: Intravenous Frequency: Once PRN for hypersensitivity
- meperidine (DEMEROL) injectable
Dose: 25 mg Route: Intravenous
Frequency: Once PRN, May repeat x1 for shaking chills or rigors. May repeat in 15 minutes if symptoms not resolved.

Nursing Orders

- Complete Tysabri Pre-Infusion Patient Checklist and submit to TOUCH program. Contact provider if patient does not meet criteria to infuse.
- Monitor patient for signs/symptoms of hypersensitivity during infusion and for one hour post-infusion. Complete vital signs one hour post-infusion.
- Monitor patient for hypersensitivity reaction: urticaria, dizziness, fever, rash, rigors, pruritis, nausea, flushing, hypotension, dyspnea, and/or chest pain.
- Discontinue IV line when therapy complete and patient stabilized.

References

[TYSABRI® \(natalizumab\) Prescribing Information](#)

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center

700 Lilly Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____