

Natalizumab (Tysabri) 300 mg every 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified Because of the risk of progressive multifocal leukoencephalopathy, natalizumab is available through Risk Evaluation and Mitigation Strategy (REMS) called the TOUCH™ Prescribing Program. Natalizumab is restricted to credentialed prescribers only through the TOUCH™ Prescribing Program. Prescribers and patients MUST be enrolled in the TOUCH Prescribing Program.			
Labs			
☒ hCG, serum, qualitative	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine Inclusion conditions: Patient could become pregnant			
☒ Stratify™ JCV Antibody (with Index) with Reflex to Inhibition Assay	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ CBC and differential	Every 84 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Comprehensive metabolic panel	Every 84 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Nursing Orders			
☒ Nursing communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified Do not need lab results of CBC + Diff and/or CMP to start Natalizumab infusion. If HCG urine test is ordered, please verify that urine test is negative before starting the Natalizumab infusion.			
Draw the STRATIFY JC VIRUS ANTIBODY W/ REFLEX TO INHIBITION ASSAY, SERUM lab before every Tysabri infusion. Result is not needed to proceed with treatment. Check most recently drawn titer to make sure it is negative prior to proceeding with treatment. Hold treatment and contact patient's neurology provider if positive or if the JC virus was not drawn at last month's visit.			
☒ Nursing communication	Every 28 days		Until discontinued

	Interval	Defer Until	Duration
Until discontinued Starting when released Until Specified Review "Medication Guide" with patient. Review and complete TOUCH on-line checklist with patient. Proceed according to guidelines.			
Encourage patient to continue follow-up with physician every 3 months.			
☒ Nursing communication Until discontinued Starting when released Until Specified VITAL SIGNS - Obtain vital signs before start of Natalizumab infusion and at end of infusion.	Every 28 days		Until discontinued
Observe patient for infusion related reaction during and for 1 hour post infusion. For patients who have received 12 infusions without a hypersensitivity reaction, post infusion observation is not necessary. Discharge when stable			
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if patient has signs and symptoms of infection (fever, skin infection, need for antibiotics etc).	Every 28 days		Until discontinued
Therapeutic Medications			
☒ natalizumab 300 mg 300 mg, intravenous, Administer over: 60 Minutes, Once, Starting when released Give immediately or use within 8 hrs if refrigerated. Monitor for reaction throughout infusion; flush line with NS after completion.	Every 28 days		Until discontinued
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued

	Interval	Defer Until	Duration
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request	Every 28 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 180 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**