Anticipated Infusion Date: ___________ ICD 10 Code with Description: __________________________________________
Height: _______(cm) Weight: _______ (kg) Allergies: ______________________________________________________

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

Cycle 1 # of cycles: ___________ Cycle length: 28 days

Day 1
Appointment Requests
☐ ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1
Interval: -- Occurrences: --

☐ ONCBCN ADMIT APPOINTMENT REQUEST
Interval: -- Occurrences: --

Safety Parameters and Special Instructions
☐ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6
Interval: Until discontinued
Comments: Occurrences: --

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.

CONTINUED ON PAGE 2 ➔
## Provider Reminder

1. **ONC PROVIDER REMINDER 28**
   - **Interval:** Once
   - **Occurrences:** --
   - **Comments:** Order MRI Brain once per year.
   - In reference to increasing the risk of PML consider 3 known risk factors:
     - Treatment periods beyond 2 years
     - Prior treatment with immunosuppressants
     - Presence of JVC antibodies.

## Labs

1. **HEPATIC FUNCTION PANEL**
   - **Interval:** --
   - **Occurrences:** --
   - **Note:** Natalizumab should be discontinued in patients with Jaundice or other laboratory evidence of substantial liver injury.

## Labs

1. **STRATIFY JCV ANTIBODY (WITH INDEX) W/REFLEX TO INHIBITION ASSAY**
   - **Interval:** --
   - **Occurrences:** --

## Nursing Orders

1. **ONC NURSING COMMUNICATION**
   - **Interval:** Until discontinued
   - **Occurrences:**

## Treatment Parameters

1. **ONC MONITORING AND HOLD PARAMETERS**
   - **Interval:** --
   - **Occurrences:** --
   - **Comments:**

## Premedications

1. **Premedications (include dose, frequency, and timing in relation to chemotherapy)**
   - **Interval:**
   - **Occurrences:** --
   - **Comments:**

## Vitals

1. **VITAL SIGNS**
   - **Interval:** PRN
   - **Occurrences:** --
   - **Comments:** Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.
NATALIZUMAB (TYSABRI) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Medications

natalizumab (TYSABRI) 300 mg in sodium chloride 0.9 % 115 mL IVPB

- Dose: 300 mg
- Route: Intravenous
- Once over 1 Hours for 1 dose

Instructions:
Patients should be closely monitored for signs and symptoms of hypersensitivity during the infusion and for at least 1 hour after the infusion is complete. The infusion should be discontinued if a reaction occurs, and treatment of the reaction should be instituted. Following infusion, flush line with 0.9% NS.

Ingredients:

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Dose</th>
<th>Selected</th>
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<tbody>
<tr>
<td>NATALIZUMAB 300 MG/15ML IV CONC</td>
<td>Medications</td>
<td>300 mg</td>
<td>Main</td>
<td>Yes</td>
</tr>
<tr>
<td>SODIUM CHLORIDE 0.9 % IV SOLN</td>
<td>Base</td>
<td>100 mL</td>
<td>Ingredient</td>
<td>Always</td>
</tr>
</tbody>
</table>

sodium chloride 0.9% bolus injection 100 mL

- Dose: 100 mL
- Route: Intravenous
- Once for 1 dose

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.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
</tr>
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<tr>
<td>TIME</td>
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Sign       R.N. Sign      Physician Print      Physician