Natalizumab (TYSABRI)
Infusion Therapy Plan Orders

Page 1 of 2

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 page 2). 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

<table>
<thead>
<tr>
<th>Order Date: ________________</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight: ___________ kg</td>
<td>ICD-10 code (REQUIRED): ____________________________</td>
</tr>
<tr>
<td></td>
<td>ICD-10 description __________________________________</td>
</tr>
</tbody>
</table>

General Plan Communication
- Special instructions/notes: __________________________________________________________

Provider Information
- Tysabri® is available only through the TOUCH® Prescribing Program to prescribers, infusion centers, and pharmacies associated with infusion centers 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.

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:**
    1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) 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**
  - **Heparin flush 100 unit/mL**
    - **Dose:** 500 units  **Route:** Intracatheter  **Frequency:** PRN for IV line care per Nursing Policy

Provider Signature: ___________________________________________ Date: _______________
Printed Name: ___________________________________________ Phone: ___________ Fax: ___________
Natalizumab (TYSABRI) Infusion Therapy Plan Orders

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, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.

☑ EPINEPHrine 1 mg/mL (1:1000) injectable
  Dose: 0.3 mg  Route: Intramuscular
  Frequency: Once PRN for anaphylaxis. 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) Injection Full 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: 425-261-1659  Phone: 425-261-1681

Olympia Medical Center
700 Lily 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: ___________________________