


(Patient Sticker)


 PHYSICIAN ORDER SET :
NATALIZUMAB (TYSABRI) FOR GI
 CDH 208-249 – Approved 2/18 - Page 1 of 5

Patient: _____ DOB: _____ Gender: _____
 Patient Phone #: _____ Height: _____ Weight: _____
 Diagnosis: _____ ICD-10 Code: _____
 Treatment Start Date: _____
 Provider Facility Name: _____ Provider Facility Address: _____
 Ordering Provider: _____ Date: _____
 Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

****Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained****

Payor Requirements

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider Communication Has the patient failed, is clinically appropriate for, or is contraindicated to receive a TNF – inhibitor (i.e. Cimzia, Enbrel, Humira, Remicade)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide additional medical necessity documentation here including diagnosis/indication, treatment history, prerequisite testing, etc: _____ _____ _____	Once		Until discont'd

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment



PHYSICIAN ORDER SET :

NATALIZUMAB (TYSABRI) FOR GI

CDH 208-249 – Approved 2/18 - Page 2 of 5

Pre-Medications (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> diphenhydramine (BENADRYL) oral 25 mg 25 mg, Oral, Once, Starting S, For 1 Doses <i>HOLD IF: Giving IV. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> diphenhydramine (BENADRYL) IV 25 mg 25 mg, Intravenous, Once, Starting S, For 1 Doses <i>HOLD IF: Giving PO. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> famotidine (PEPCID) tablet 40 mg 40 mg, Oral, Once, Starting at treatment start time, For 1 dose <i>HOLD IF: Given PO. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> famotidine (PEPCID) injection 40 mg 40 mg, Oral, Once, Starting at treatment start time, For 1 dose <i>HOLD IF: Given IV. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet 400 mg 400 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> loratadine (CLARITIN) tablet 10 mg 10 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> LORazepam (ATIVAN) tablet 1 mg 1 mg, Oral, Once, Starting at treatment start time, For 1 dose <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> ondansetron (ZOFRAN) IV 8 mg 8 mg, Intravenous, Once, Starting at treatment start time, For 1 dose <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> natalizumab (TYSABRI) 300 mg in sodium chloride 0.9% 100 mL IVPB 300 mg, Intravenous, for 1 Hours, Once, Starting H, For 1 Doses <i>Follow your institutional guidelines.</i>	Once		1 treatment

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC Once, Starting when released	Once		1 treatment
<input type="checkbox"/> BUN Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Creatinine, random urine Once, Starting when released	Once		1 treatment
<input type="checkbox"/> C-Reactive Protein Once, Starting when released	Once		1 treatment



PHYSICIAN ORDER SET :

NATALIZUMAB (TYSABRI) FOR GI

CDH 208-249 – Approved 2/18 - Page 3 of 5

Labs (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> Urinalysis Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Sedimentation rate (ESR) Once, Starting when released	Once		1 treatment
<input type="checkbox"/> PTT Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Comprehensive metabolic panel Once, Starting when released	Once		1 treatment
<input type="checkbox"/> PT-INR Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Glucose Once, Starting when released	Once		1 treatment
<input type="checkbox"/> CPK (creatine kinase) Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Alanine aminotransferase (ALT) Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Aspartate aminotransferase (AST) Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Bilirubin, total Once, Starting when released	Once		1 treatment

Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S	PRN		Until discont'd
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 1000 units/mL flush 2 mL 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd



PHYSICIAN ORDER SET :

NATALIZUMAB (TYSABRI) FOR GI

CDH 208-249 – Approved 2/18 - Page 4 of 5

Catheter management (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

Emergency Medications/Anaphylaxis

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd



(Patient Sticker)

PHYSICIAN ORDER SET :

NATALIZUMAB (TYSABRI) FOR GI

CDH 208-249 – Approved 2/18 - Page 5 of 5

Hypersensitivity (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd