Specialised Medication - Natalizumab Guideline

1. Guiding Principles

Provides guidance for the prescription and administration of Natalizumab for **adult** patients.

This guideline must be used in conjunction with the associated mandatory MR173B WACHS Specialised Medication - Natalizumab Pre-Infusion Checklist.

Information in this guideline is specific to Tysabri®.

This infusion may only be administered when there is a doctor who is:

- familiar with this guideline
- aware of the patient receiving the infusion
- credentialed and appointed to the hospital site where the infusion is being administered
- willing and able to respond in the event of an emergency in the absence of a dedicated Medical Emergency Response (MER) team.

For paediatric patients, refer to the Perth Children's Hospital – Medication Management Manual – Natalizumab (accessible via HealthPoint).

2. Guideline

Natalizumab is a recombinant humanised monoclonal antibody to alpha-4 integrins which is thought to inhibit leucocyte migration from blood into the CNS, thus reducing inflammation and demyelination.[1]

2.1 Presentation[2]

Single use vial containing 300mg/15mL solution of Natalizumab for infusion.

Alternatively, some WA Country Health Service (WACHS) Pharmacy Departments may purchase infusions prepared by sterile manufacturing facilities, due to handling precautions for preparation of the infusion.

2.2 Indication[3]

Availability of Natalizumab is currently restricted to the indication listed on the PBS on presentation of an approved PBS authority prescription.

- Prophylaxis for clinically definite relapsing remitting multiple sclerosis (MS) initiated by a neurologist.

2.3 Contraindications[1,2]

- Current or previous Progressive Multifocal Leucoencephalopathy (PML)
- Co-administration with other immunomodulatory drugs (e.g. beta interferons or glatiramer acetate)
- Known hypersensitivity to Natalizumab, any excipient or murine derived proteins.

- Patients with increased risk for opportunistic infections due to:
  - current or recent (within three months) treatment with immunosuppressive therapy. Examples include methotrexate, azathioprine, cyclophosphamide, mycophenolate, cladribine or mitozantrone. **This excludes short courses of oral steroids.**
  - systemic medical conditions resulting in significantly compromised immune function. Examples include HIV infection, organ transplant, active malignancy or a history of haematological cancer or rheumatic disease.

2.4 Precautions[1,2]

- Natalizumab may be associated with Progressive Multifocal Leukoencephalopathy (PML). Patients are to be monitored for any new symptoms and therapy suspended until appropriately investigated. Treatment should be used with caution in patients with increased risk factors for PML such as treatment for more than two years, immunosuppressant therapy prior to Natalizumab commencement and positive anti-JC virus antibody status. Testing of anti-JC virus antibody status should be conducted before starting treatment and six monthly if seronegative.
- Caution should be taken in prescribing Natalizumab for patients with a history of liver disease. Regularly monitor liver function tests in these patients to prevent liver injury.
- Pregnancy (Category C).
- Breastfeeding – not recommended by the manufacturer.

2.5 Dosage[1,2]

300mg administered by IV infusion every four weeks.
Long term safety and efficacy data is limited. Therapy continuing after two (2) years should be prescribed at the discretion of the neurologist.

2.6 Administration[2,4,5]

Specific considerations for handling:

- Prepare using aseptic technique.
- Personal Protective Equipment (PPE) - A respirator mask (N95) and protective eyewear should be worn during preparation.
- These PPE should also be worn during administration processes for IV formulations where the dis/connecting of administration lines may present a risk of aerosolisation, particularly with new or inexperienced staff.
- Closed system drug transfer devices are not required for the preparation of doses for administration but can be utilised by individual sites based on availability.
- All waste is to be handled as per standard procedures for parenterally administered agents.
- Avoid preparation and handling if pregnant, breastfeeding or immunosuppressed.

2.6.1 Dilute before use – FOR IV INFUSION ONLY
Add 300mg (15mL, one vial) to100mL of sodium chloride 0.9% and gently invert. **DO NOT SHAKE.**

2.6.2 **Do NOT** use if the vial contains visible particulates or is discoloured.

2.6.3 **Do NOT** administer concurrently with any other IV medication.

2.6.4 The use of a filtration device has not been evaluated therefore use is discouraged.

2.6.5 Administer as an intravenous solution over one hour.

2.6.6 Flush IV line with 0.9% sodium chloride.

2.6.7 All patients administered Natalizumab infusions are to be observed for one hour post-infusion for side effects (medications, an artificial airway and other appropriate materials must be available for the treatment of these effects). See Section 2.8 below.

2.7 Storage[2,4]

Vials are to be stored between 2 and 8 deg C and protected from light. Do not shake or freeze.

Following dilution, infuse solution immediately. Prepared solution may be stored for up to eight hours between 2 and 8 deg C and protected from light. However, allow to reach room temperature before infusing.

2.8 Infusion Reactions[1,2]

Infusion related reactions are generally not serious and are relatively uncommon. However, if a patient does have an infusion related reaction, **the prescriber should always be informed with details included in the patient's healthcare record.** In some circumstances, infusion related reactions can occur days after the infusion.

2.8.1 'Mild' infusion reactions

These reactions involve symptoms such as (but not limited to): Headache, nausea, vomiting, dizziness, fever, flushing, pruritis, urticaria, muscle pain, flu-like symptoms, fatigue and rigors.

Patients should be managed on an individual case basis but reduction in infusion rates and symptom management with medications such as paracetamol, antihistamines or glucocorticoids (e.g. dexamethasone) may allow the completion of the infusion.

It is important to notify the prescriber of the reaction but the infusion may not need to be adjusted or discontinued.

2.8.2 'Severe' hypersensitivity/anaphylactic reactions

These reactions involve symptoms such as (but not limited to): Anaphylaxis, hypo/hypertension, chest pain, dyspnoea, swelling, severe pruritis, anxiety and tachycardia.

The infusion should be stopped immediately and the prescriber informed.

Patients should be managed on an individual case basis with therapy including (but not limited to) adrenaline, antihistamines, glucocorticoids (e.g. dexamethasone), intravenous fluids, vasopressors, oxygen, bronchodilators and paracetamol.

Patient management should be:

- escalated according to the observation and response chart (ORC) criteria
- in accordance with Adverse Drug Reaction section of the WACHS Medication Prescribing and Administration Policy.

For guidance on the management of anaphylaxis, refer to the ASCIA Guidelines – Acute management of anaphylaxis.

Where applicable, the WACHS doctor should discuss this event with the referring specialist.

2.9 Monitoring Requirements[2]

- Minimum physiological observations to be documented pre-infusion, mid-infusion and post-infusion and as clinically indicated during the infusion on the Observation and Response chart based on patient response (e.g.: light headedness, flushing).
- Observe patients closely during the infusion and for **one** hour post infusion for the development of an infusion reaction. See Section 2.8 above.
- Check the IV regularly to ensure correct flow rate and cannula position.

3. Roles and Responsibilities

The **Nurse Unit Manager / Senior Nursing Staff** is responsible for:

- receiving valid referral and documentation including a valid PBS prescription as required from the prescribing consultant or other treating doctor.
- informing the prescriber, if external to the hospital, that the infusion has been administered and any related outcomes (e.g. adverse events).

The **Medical Officer** is responsible for completing all treatment and duties within scope of practice.

The **Registered Nurse** is responsible for completing all nursing duties for the patient within scope of practice including escalation of care as per the MR140A Adult Observation and Response Chart (AORC).

4. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

6. Evaluation

Adverse events and clinical incidents relating to the administration of Natalizumab infusions are to be zero (0).

7. Standards

National Safety and Quality Health Service Standards
Clinical Governance Standard: 1.7, 1.10
Precenting and Controlling Healthcare Associated Infection Standard: 3.9
Medication Safety Standard: 4.3, 4.4, 4.7, 4.8, 4.11, 4.15
Comprehensive Care Standard: 5.10, 5.11
Communicating for safety Standard: 6.5
Recognising and Responding to Acute Deterioration Standard: 8.4, 8.5, 8.6.

8. Legislation

Medicines and Poisons Act 2014 (WA)
Medicines and Poisons Regulations 2016 (WA)

9. References

1. Australian Medicines Handbook Pty Ltd [Accessed: 18 March 2021]
2. MIMS Online [Accessed: 18 March 2021]
3. Pharmaceutical Benefits Scheme (PBS) [Accessed: 18 March 2021]
4. Australian Injectable Drugs Handbook [Accessed: 18 March 2021]
5. Alexander M, King J, Bajel A, Doecke C, Fox P, Lingaratnam S, et al. Australian consensus guidelines for the safe handling of monoclonal antibodies for cancer treatment by healthcare personnel. Internal Medicine Journal, 2014 Oct;44(1):1018-26

10. Related Forms

MR173B WACHS Specialised Medication - Natalizumab Pre-Infusion Checklist
MR140A Adult Observation and Response Chart

11. Related Policy Documents

WACHS Aseptic Technique Policy
WACHS High Risk Medications Procedure
WACHS Medication Handling and Accountability Policy
WACHS Medication Prescribing and Administration Policy
WACHS Safe Handling and Administration of Monoclonal Antibodies Guideline

12. Related WA Health Policies

MP 0053/17 WA Clinical Alert (Med Alert) Policy
MP 0131/20 WA High Risk Medication Policy

13. WA Health Policy Framework

Clinical Governance, Safety and Quality Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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