

# Information Sheet

## **Tysabri (Natalizumab)**

### **Who is prescribed Tysabri?**

Tysabri is given to patients with highly active forms of relapsing-remitting MS or those who have failed on other disease-modifying therapies. 'Highly active' is defined as two or more disabling relapses in a year and the presence of more lesions on the brain in an MRI scan.

### **How is Tysabri different from other therapies?**

A drug for people with relapsing-remitting MS, Tysabri works in a different way from other disease-modifying drugs. It prevents the immune cells leaving the bloodstream and entering areas of inflammation (e.g. MS lesions in the brain and spinal cord). In clinical trials, Tysabri approximately halved the number of MS attacks compared to a standard first-line treatment. Progression of the disabling effects of MS also decreased by a third.

### **How and where is Tysabri administered?**

Tysabri is administered by intravenous (IV) infusion in a hospital or clinic setting once every four weeks.

### **How long does an infusion take?**

An infusion can take approximately one hour, and for one hour afterwards patients will be monitored for any adverse reactions.

### **What do I do if I miss an infusion?**

You should reschedule your next infusion as soon as possible.

## **What side effects are associated with Tysabri?**

The most common side effects of Tysabri include: itchy rash (hives); swelling of your face, lips or tongue; urinary tract infection; sore throat and/ or runny nose; shivering; headache; stiff neck, and weight loss.

The most serious, but rare, side effect of Tysabri is the risk of developing progressive multifocal leukoencephalopathy (PML), a potentially fatal disease caused by a rare infection in the brain. The symptoms of PML may be similar to that of an MS relapse. Patients are continuously monitored during their infusion for any signs and symptoms, and are issued with a patient alert card, which carries important safety information on any side effects you may experience. When at home, if you believe your MS is getting worse or you notice any new symptoms appear after an infusion you should speak to your doctor immediately.

The risk of developing PML is estimated at 1 in 1,000. However, this number is decreasing as neurologists and patients become more vigilant around the symptoms. Over 67,700 patients have received Tysabri, and there have been 49 confirmed cases of PML (as of August 2010).

Despite PML, the benefits of Tysabri continue to outweigh its risk for patients with highly active relapsing-remitting MS.

## **Should I switch from the MS therapy I am already on to Tysabri?**

Only you can answer this question in discussion with your neurologist. You need to consider if you meet the criteria, the risks of side effects (including PML) and how well you are doing on your current therapy.

## **When is Tysabri not recommended?**

Tysabri is not recommended for people who have a medical condition that can weaken the immune system or whom are taking medications that can weaken the immune system. Talk to your neurologist about any medications you take or may have taken.

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### **Source:**

This information has been taken from [www.biogenidec.com](http://www.biogenidec.com).

**Further Reading:**

[www.msactivesource.ie](http://www.msactivesource.ie)  
[www.msdecision.org.uk](http://www.msdecision.org.uk)

**Disclaimer:**

MS Ireland provides information to the MS Community on an array of topics associated with MS. This information is for reference purposes only and medical advice should always be sought before any treatment or intervention is tried.