

PATIENT DETAILS

*Affix patient Addressograph if available

SURNAME: _____ FIRST NAME(S): _____

DATE OF BIRTH: ____/____/____ MRN: _____



NDMS Multiple Sclerosis Patient Eligibility Form Alemtuzumab (Lemtrada®)

Form must be completed in full and saved securely in the patient's medical record for audit purposes only

TREATMENT	HSE APPROVED INDICATION	ICD10	Protocol Code
Alemtuzumab (Lemtrada®)	Alemtuzumab (Lemtrada®) is indicated as a single disease modifying therapy in adults with highly active relapsing remitting multiple sclerosis (RRMS) for the following patient groups:		
	Patients with highly active disease despite a full and adequate course of treatment with at least one disease modifying therapy (DMT)	G35	MS100a
	OR Patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous recent MRI.	G35	MS100b

ELIGIBILITY		YES	NO
Indication as per Protocol MS100a,b			
Eligibility criteria in Protocol MS100a,b have been satisfied			
EXCLUSIONS		YES	NO
All exclusion criteria laid out in protocol MS100a or MS100b have been considered			
PREVIOUS MEDICATION(S) FOR MULTIPLE SCLEROSIS			
Name of Medicine (in order of use; 1. = first line etc.)	Reason for change in treatment (please tick)		
	Adverse Event	Loss of Response	Other Reason
1.			
2.			
3.			
4.			
5.			
PRESCRIBER DETAILS			
Prescriber Name			
Medical Registration Number			
ELIGIBILITY FORM COMPLETED BY			
Name			
Date			