

## PATIENT DETAILS

\*Affix patient Addressograph if available

SURNAME: \_\_\_\_\_ FIRSTNAME(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 |
|--------------------------------|---|------------|---------------|
| <b>Alemtuzumab (Lemtrada®)</b> | <p>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:</p> <ul style="list-style-type: none"> <li>Patients with highly active disease despite a full and adequate course of treatment with at least one disease modifying therapy (DMT)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>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.</li> </ul> | <b>G35</b> | <b>MS100</b>  |

| ELIGIBILITY  |  | YES              | NO           |
|--|--|------------------|--------------|
| Indication as per Protocol MS100                                       |  |                  |              |
| Eligibility criteria in Protocol MS100 have been satisfied             |  |                  |              |
| EXCLUSIONS   |  | YES              | NO           |
| All exclusion criteria laid out in protocol MS100 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.   |  |                  |              |
| SECTION D PRESCRIBER DETAILS   |  |                  |              |
| Prescriber Name  |  |                  |              |
| Medical Registration Number  |  |                  |              |
| ELIGIBILITY FORM COMPLETED BY  |  |                  |              |
| Name   |  |                  |              |
| Date   |  |                  |              |

|  |   |                   |
|--|---|-------------------|
| Protocol: MS - Alemtuzumab   | Published: 29/05/2017<br>Update: January 2022<br>Review: January 2024   | Version Number: 5 |
| AHDMP Protocol Code: MS100   | Contributor: Prof Christopher McGuigan as Multiple Sclerosis Lead for the National Clinical Programme for Neurology | Page 1 of 1       |
| <p>The information contained in this document is a statement of consensus from the National Clinical Programme for Neurology regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment. Use of these documents is the responsibility of the prescribing clinician, and is subject to HSE's terms of use available at <a href="http://www.hse.ie/eng/Disclaimer">http://www.hse.ie/eng/Disclaimer</a></p> <p>This information is valid only on the day of printing, for any updates please check <a href="https://www.hse.ie/eng/about/who/">https://www.hse.ie/eng/about/who/</a></p> |   |                   |