PATIENT DETAILS	*Affix patient Addressograph if available
SURNAME:	FIRSTNAME(S):
DATE OF BIRTH:/	/ MRN:



NDMS Multiple Sclerosis Patient Eligibility Form Natalizumab (Tysabri®)

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		
Natalizumab	Natalizumab (Tysabri®) is indicated as single disease modifying therapy in adults with highly active				
(Tysabri®)	relapsing remitting multiple sclerosis for the following patient groups:				
	Patients with highly active disease despite a full and adequate course of	G35	MS101a		
	treatment with at least one disease modifying therapy (DMT) (for exceptions				
	and information about washout periods see AHDMP Protocol MS101a&b and				
	the SPC)				
	OR				
	Patients with rapidly evolving severe relapsing remitting multiple sclerosis	G35	MS101b		
	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				

ELIGIBILITY				YES	NO	
Indication as per protocol MS101a or MS101b						
Eligibility criteria in protocol MS101a or MS101b have been met						
EXCLUSIONS	EXCLUSIONS			YES	NO	
All exclusion criteria laid out in protocol MS101a & MS101b have been considered.						
PREVIOUS MEDICATION(S) FOR MULTIPLE SCLEROSIS						
Name of Medicine (in order of use; 1. =	Reason for change in treatment (please tick)					
first line etc.)	Adverse Event	Loss of Response	Ot	her Reas	on	
1.						
2.						
3.						
4.						
5.						
PRESCRIBER DETAILS						
Prescriber Name						
Medical Registration Number						
ELIGIBILITY FORM COMPLETED BY						
Name				•		
Date						

Protocol: MS - Natalizumab	Published: 29/05/2017 Update: January 2022 Review: January 2024	Version number: 5
AHDMP Protocol Code: MS101a&b	Approver: Prof Christopher McGuigan as Multiple Sclerosis Lead for the National Clinical Programme for Neurology	Page 1 of 1

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