

## TYSABRI® (natalizumab) BENEFIT INVESTIGATION WORKSHEET – GUIDE

TYSABRI is administered intravenously by a healthcare professional once every 4 weeks. Therefore, a patient treated with TYSABRI will need to know how his/her health plan covers the drug component (TYSABRI) and also the medical component (the infusion of TYSABRI). Health plan coverage varies and can change over time, so it is important to determine the patient's level of coverage before each infusion.

Biogen Benefit Investigation services can be requested via the TOUCH® Prescriber/Patient Enrollment Form. If you choose to conduct your own benefit investigation, this guide can assist you in information gathering while engaging a patient's health plan. In this 11-page guide, you will find:

- A Benefit Investigation Worksheet with instructions, which explains the type of information that needs to be captured in each field
- Two sample Benefit Investigation Worksheets, which show examples of the kind of information you will need to gather from your patient's health plan
- An editable Benefit Investigation Worksheet. This form has editable fields that you can type in and then print to keep in the patient's file. If you choose, you can print the form first and write in the information.
- TYSABRI Important Safety Information

If you have any questions about a patient's coverage during the completion of, or after you complete, the TYSABRI Benefit Worksheet, or if you would like to initiate Biogen Benefit Investigation services for one of your patients, please contact your Infusion Reimbursement Account Manager, or call 1-800-456-2255 to speak with an Above MS™ Support Coordinator.

Please see [Full Prescribing Information](#), including Boxed Warning, as well as Important Safety Information about TYSABRI on pages 9-11.

# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI®(natalizumab) – INSTRUCTIONS

## Step 1: For expediency, complete basic patient information before calling insurance company.

Patient Name: _____	Date of Birth: ____/____/____	Policy Holder Name: _____
Insurance Company Name: _____		Phone Number: _____
Member #: _____	Group #: _____	Plan Type: <input type="radio"/> HMO <input type="radio"/> PPO <input type="radio"/> POS <input type="radio"/> Other _____
Insurance: <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary Is there a secondary policy: <input type="radio"/> Yes <input type="radio"/> No In Network: <input type="radio"/> Yes <input type="radio"/> No		
Physician Name/Site of Care: _____		Tax ID: _____ Provider #: _____

## Step 2: Be sure to capture basic call details for easier follow-up.

Researched date: ____/____/____	Time: _____	Person(s) you spoke with: _____
Policy year is: <input type="radio"/> Calendar <input type="radio"/> Benefit	Effective date: ____/____/____	Termination date: ____/____/____
Diagnosis: <u>340</u> NDC Code: <u>64406-0008-01</u> Unique Drug Code: <u>J2323</u> Procedure Code: <u>96413</u> Billing Preference: _____		

## Step 3: Carefully assess patient benefit options to find the best fit for you and your patient. When TYSABRI is covered under the medical benefit, patients may have the option of physician purchase and bill or specialty pharmacy (AOB). Other patients will have only one option available to them. It is possible that some patients will not be covered under either Major Medical option. In that case, coverage under the patient’s pharmacy benefit should be investigated.

	<b>Infusion Administration Benefit</b> <small>(The physician bills for the infusion and receives reimbursement from the health plan)</small>	<b>Physician Purchase Option Through Major Medical Benefits</b> <small>(The site of care purchases TYSABRI, bills for the drug, and receives reimbursement from the health plan)</small>	<b>Specialty Pharmacy Option Through Major Medical Benefit</b> <small>(Benefits are assigned to a network specialty pharmacy. The specialty pharmacy bills for the cost of TYSABRI)</small>	<b>Specialty Pharmacy Option Through Prescription Drug Benefit</b> <small>(TYSABRI is covered under the pharmacy benefit. The specialty pharmacy bills for the cost of TYSABRI)</small>
<b>Outcome:</b>	<input type="radio"/> Covered <input type="radio"/> Not Covered	<input type="radio"/> Covered <input type="radio"/> Not Covered	<input type="radio"/> Covered <input type="radio"/> Not Covered	<input type="radio"/> Covered <input type="radio"/> Not Covered
<b>TYS covered:</b>	—	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Deductible:</b>	Enter amount: \$	Enter amount: \$	Enter amount: \$	Enter amount: \$
<b>Deductible met:</b>	Enter amount: \$	Enter amount: \$	Enter amount: \$	Enter amount: \$
<b>Out-of-pocket maximum:</b>	Enter amount: \$ <input type="radio"/> Includes Deductible <input type="radio"/> Excludes Deductible	Enter amount: \$ <input type="radio"/> Includes Deductible <input type="radio"/> Excludes Deductible	Enter amount: \$ <input type="radio"/> Includes Deductible <input type="radio"/> Excludes Deductible	Enter amount: \$ <input type="radio"/> Includes Deductible <input type="radio"/> Excludes Deductible
<b>Out-of-pocket maximum met:</b>	Enter amount: \$	Enter amount: \$	Enter amount: \$	Enter amount: \$
<b>Lifetime maximum:</b>	Enter amount: \$	Enter amount: \$	Enter amount: \$	Enter amount: \$
<b>Specialty Pharmacies in network*</b>	—	—	Name: Phone #:	Name: Phone #:
	—	—	Name: Phone #:	Name: Phone #:
	—	—	Name: Phone #:	Name: Phone #:
<b>Drug Copay / Coinsurance:</b>	Enter % or \$ amount:	Enter % or \$ amount:	Enter % or \$ amount:	Enter % or \$ amount:
<b>Pharmacy cap:</b>	—	—	Enter amount: \$	Enter amount: \$
<b>Pharmacy cap met:</b>	—	—	Enter amount: \$	Enter amount: \$
<b>Additional Benefit Information:</b>	Enter any important details here	Enter any important details here	Enter any important details here	Enter any important details here

# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – INSTRUCTIONS

## Step 4: Determine if the patient requires special pre-clearance before being covered for TYSABRI.

	Infusion Administration Benefit	Physician Purchase Option Through Major Medical Benefits	Specialty Pharmacy Option Through Major Medical Benefit	Specialty Pharmacy Option Through Prescription Drug Benefit
<b>Prior Authorization/ Pre-determination Required?</b>	N/A	Enter if there is a PA or other Pre-determination requirement here	Enter if there is a PA or other Pre-determination requirement here	Enter if there is a PA or other Pre-determination requirement here
<b>Required Documentation:</b>	—	Enter required PA or Pre-D documentation that must be submitted to the health plan here	Enter required PA or Pre-D documentation that must be submitted to the health plan here	Enter required PA or Pre-D documentation that must be submitted to the health plan here
<b>Required Criteria:</b>	—	Enter required PA or Pre-D criteria here	Enter required PA or Pre-D criteria here	Enter required PA or Pre-D criteria here
<b>Attention to:</b>	—			
<b>Phone:</b>	—			
<b>Fax:</b>	—			
<b>PA Status:</b>	—	Track the status of your PA here	Track the status of your PA here	Track the status of your PA here
<b>PA Expiration Date:</b>	—	Track the PA expiration here	Track the PA expiration here	Track the PA expiration here
<b>PA Instructions:</b>	—	Record any special PA instructions here	Record any special PA instructions here	Record any special PA instructions here

## Step 5: Record any special instructions here. For example, document whether or not the health plan has a pharmacy benefit manager (PBM), and record their contact information.

*\*TYSABRI can be acquired through only the following specialty pharmacies: AcariaHealth, Accredo, Aetna Specialty, BioScrip, Caremark, CVS/Careplus (a Caremark Company), Cigna Tel-Drug, Curascript, OptumRX, Walgreens*

### Indication

TYSABRI® (natalizumab) is indicated as monotherapy for the treatment of patients with relapsing forms of multiple sclerosis. TYSABRI increases the risk of PML. When initiating and continuing treatment with TYSABRI, physicians should consider whether the expected benefit of TYSABRI is sufficient to offset this risk. See Important Safety Information regarding the risk of PML with TYSABRI.

### Important Safety Information

#### WARNING: Progressive Multifocal Leukoencephalopathy (PML)

**TYSABRI® (natalizumab) increases the risk of PML, an opportunistic viral infection of the brain that usually leads to death or severe disability. Risk factors for the development of PML include duration of therapy, prior use of immunosuppressants, and presence of anti-JCV antibodies. These factors should be considered in the context of expected benefit when initiating and continuing treatment with TYSABRI.**

Healthcare professionals should monitor patients on TYSABRI for any new sign or symptom that may be suggestive of PML. TYSABRI dosing should be withheld immediately at the first sign or symptom suggestive of PML. For diagnosis, an evaluation including a gadolinium-enhanced MRI scan of the brain and, when indicated, cerebrospinal fluid analysis for JC viral DNA are recommended.

**Because of the risk of PML, TYSABRI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the TOUCH Prescribing Program.**

# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – SAMPLE # 1

This sample form has been provided for illustrative purposes only and is not an actual representation of coverage.

## Step 1: For expediency, complete basic patient information before calling insurance company.

Patient Name: <u>Jane Smith</u>	Date of Birth: <u>11/12/76</u>	Policy Holder Name: <u>John Smith</u>
Insurance Company Name: <u>ACME Insurance Company of Colorado</u>	Phone Number: <u>800-XXX-XXXX</u>	
Member #: <u>2123684278-02</u>	Group #: <u>006243</u>	Plan Type: <input checked="" type="radio"/> HMO <input type="radio"/> PPO <input type="radio"/> POS <input type="radio"/> Other
Insurance: <input checked="" type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary	Is there a secondary policy: <input type="radio"/> Yes <input checked="" type="radio"/> No	In Network: <input checked="" type="radio"/> Yes <input type="radio"/> No
Physician Name/Site of Care: <u>Center City Infusion Center</u>	Tax ID: <u>10-384-XXXX</u>	Provider #: <u>8049621139</u>

## Step 2: Be sure to capture basic call details for easier follow-up.

Researched Date: <u>4/9/14</u>	Time: <u>2:30 pm</u>	Person(s) you spoke with: <u>Jane Doe &amp; Charles Jones</u>
Policy year is: <input type="radio"/> Calendar <input checked="" type="radio"/> Benefit	Effective date: <u>4/1/14</u>	Termination date: <u>12/31/14</u>
Diagnosis: <u>340</u>	NDC Code: <u>64406-0008-01</u>	Unique Drug Code: <u>J2323</u> Procedure Code: <u>96413</u> Billing Preference: <u>UB92</u>

**Step 3: Carefully assess patient benefit options to find the best fit for you and your patient. When TYSABRI is covered under the medical benefit, patients may have the option of physician purchase and bill or specialty pharmacy (AOB). Other patients will have only one option available to them. It is possible that some patients will not be covered under either Major Medical option. In that case, coverage under the patient's pharmacy benefit should be investigated.**

	<b>Infusion Administration Benefit</b> <small>(The physician bills for the infusion and receives reimbursement from the health plan)</small>	<b>Physician Purchase Option Through Major Medical Benefits</b> <small>(The site of care purchases TYSABRI, bills for the drug, and receives reimbursement from the health plan)</small>	<b>Specialty Pharmacy Option Through Major Medical Benefit</b> <small>(Benefits are assigned to a network specialty pharmacy. The specialty pharmacy bills for the cost of TYSABRI)</small>	<b>Specialty Pharmacy Option Through Prescription Drug Benefit</b> <small>(TYSABRI is covered under the pharmacy benefit. The specialty pharmacy bills for the cost of TYSABRI)</small>
<b>Outcome:</b>	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered	<input type="radio"/> Covered <input checked="" type="radio"/> Not Covered	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered
<b>TYS covered:</b>	—	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Deductible:</b>	\$1,000	\$1,000	\$ N/A	\$ N/A
<b>Deductible met:</b>	\$0	\$0	\$ N/A	\$ N/A
<b>Out-of-pocket maximum:</b>	\$4,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible	\$4,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible	\$ N/A <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible	\$8,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible
<b>Out-of-pocket maximum met:</b>	\$0	\$0	\$0	\$0
<b>Lifetime maximum:</b>	\$ N/A	\$ N/A	\$ N/A	\$ N/A
<b>Specialty Pharmacies in network*</b>	—		Name: Phone #:	Name: XYZ Pharmacy, Inc. Phone #: 888-XXX-XXXX
	—		Name: Phone #:	Name: Phone #:
	—		Name: Phone #:	Name: Phone #:
<b>Drug Copay / Coinsurance:</b>	20%	20%	% or \$: N/A	25%
<b>Pharmacy cap:</b>	—	—	\$ N/A	\$ N/A
<b>Pharmacy cap met:</b>	—	—	\$ N/A	\$ N/A
<b>Additional Benefit Information:</b>	N/A	N/A	Payer is only contracted with Right Source, which is unable to dispense TYSABRI	N/A

# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – SAMPLE # 1

This sample form has been provided for illustrative purposes only and is not an actual representation of coverage.

## Step 4: Determine if the patient requires special pre-clearance before being covered for TYSABRI.

	Infusion Administration Benefit	Physician Purchase Option Through Major Medical Benefits	Specialty Pharmacy Option Through Major Medical Benefit	Specialty Pharmacy Option Through Prescription Drug Benefit
<b>Prior Authorization/Pre-determination Required?</b>	N/A	Prior Authorization	N/A	Prior Authorization
<b>Required Documentation:</b>	—	Simple PA (phone call or fax)		Simple PA (phone call or fax)
<b>Required Criteria:</b>	—			
<b>Attention to:</b>	—	Prior Authorization Department		Prior Authorization Department
<b>Phone:</b>	—	800-XXX-XXXX		800-XXX-XXXX
<b>Fax:</b>	—	888-XXX-XXXX		
<b>PA Status:</b>	—	Pending - Faxed in		
<b>PA Expiration Date:</b>	—			
<b>PA Instructions:</b>	—			

## Step 5: Record any special instructions here. For example, document whether or not the health plan has a pharmacy benefit manager (PBM) and record their contact information.

Patient's PBM is Smith Pharmacy Management. Contact # is 888-XXX-XXXX.

*\*TYSABRI can only be acquired through the following specialty pharmacies: AcariaHealth, Accredo, Aetna Specialty, BioScrip, Caremark, CVS/Careplus (a Caremark Company), Cigna Tel-Drug, Curascript, OptumRX, Walgreens*

### Indication

TYSABRI® (natalizumab) is indicated as monotherapy for the treatment of patients with relapsing forms of multiple sclerosis. TYSABRI increases the risk of PML. When initiating and continuing treatment with TYSABRI, physicians should consider whether the expected benefit of TYSABRI is sufficient to offset this risk. See Important Safety Information regarding the risk of PML with TYSABRI.

### Important Safety Information

#### WARNING: Progressive Multifocal Leukoencephalopathy (PML)

**TYSABRI® (natalizumab) increases the risk of PML, an opportunistic viral infection of the brain that usually leads to death or severe disability. Risk factors for the development of PML include duration of therapy, prior use of immunosuppressants, and presence of anti-JCV antibodies. These factors should be considered in the context of expected benefit when initiating and continuing treatment with TYSABRI.**

Healthcare professionals should monitor patients on TYSABRI for any new sign or symptom that may be suggestive of PML. TYSABRI dosing should be withheld immediately at the first sign or symptom suggestive of PML. For diagnosis, an evaluation including a gadolinium-enhanced MRI scan of the brain and, when indicated, cerebrospinal fluid analysis for JC viral DNA are recommended.

**Because of the risk of PML, TYSABRI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the TOUCH Prescribing Program.**

Please see [Full Prescribing Information](#), including Boxed Warning, as well as Important Safety Information about TYSABRI on pages 9-11.

# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – SAMPLE # 2

This sample form has been provided for illustrative purposes only and is not an actual representation of coverage.

## Step 1: For expediency, complete basic patient information before calling insurance company.

<b>Patient Name:</b> <u>Gayle Arnold</u>	<b>Date of Birth:</b> <u>11/12/76</u>	<b>Policy Holder Name:</b> <u>James Arnold</u>
<b>Insurance Company Name:</b> <u>Central Insurance Company of Maine</u>	<b>Phone Number:</b> <u>800-XXX-XXXX</u>	
<b>Member #:</b> <u>8427821236-02</u>	<b>Group #:</b> <u>004165</u>	<b>Plan Type:</b> <input type="radio"/> HMO <input type="radio"/> PPO <input checked="" type="radio"/> POS <input type="radio"/> Other
<b>Insurance:</b> <input checked="" type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary <b>Is there a secondary policy:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>In Network:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Physician Name/Site of Care:</b> <u>South Shore Infusion Center</u> <b>Tax ID:</b> <u>14-483-XXXX</u> <b>Provider #:</b> <u>2113980496</u>		

## Step 2: Be sure to capture basic call details for easier follow-up.

<b>Researched Date:</b> <u>5/15/14</u>	<b>Time:</b> <u>11:15 am</u>	<b>Person(s) you spoke with:</b> <u>Mary Martin</u>
<b>Policy year is:</b> <input checked="" type="radio"/> Calendar <input type="radio"/> Benefit	<b>Effective date:</b> <u>5/1/14</u>	<b>Termination date:</b> <u>12/31/14</u>
<b>Diagnosis:</b> <u>340</u> <b>NDC Code:</b> <u>64406-0008-01</u> <b>Unique Drug Code:</b> <u>J2323</u> <b>Procedure Code:</b> <u>96413</u> <b>Billing Preference:</b> <u>CMS-1500</u>		

## Step 3: Carefully assess patient benefit options to find the best fit for you and your patient. When TYSABRI is covered under the medical benefit, patients may have the option of physician purchase and bill or specialty pharmacy (AOB). Other patients will have only one option available to them. It is possible that some patients will not be covered under either Major Medical option. In that case, coverage under the patient's pharmacy benefit should be investigated.

	<b>Infusion Administration Benefit</b> <small>(The physician bills for the infusion and receives reimbursement from the health plan)</small>	<b>Physician Purchase Option Through Major Medical Benefits</b> <small>(The site of care purchases TYSABRI, bills for the drug, and receives reimbursement from the health plan)</small>	<b>Specialty Pharmacy Option Through Major Medical Benefit</b> <small>(Benefits are assigned to a network specialty pharmacy. The specialty pharmacy bills for the cost of TYSABRI)</small>	<b>Specialty Pharmacy Option Through Prescription Drug Benefit</b> <small>(TYSABRI is covered under the pharmacy benefit. The specialty pharmacy bills for the cost of TYSABRI)</small>
<b>Outcome:</b>	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered	<input checked="" type="radio"/> Covered <input type="radio"/> Not Covered
<b>TYS covered:</b>	—	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Deductible:</b>	\$ N/A	\$ N/A	\$ N/A	\$ N/A
<b>Deductible met:</b>	\$ N/A	\$ N/A	\$ N/A	\$ N/A
<b>Out-of-pocket maximum:</b>	\$4,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible	\$4,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible	\$4,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible	\$4,000 <input type="radio"/> Includes Deductible <input checked="" type="radio"/> Excludes Deductible
<b>Out-of-pocket maximum met:</b>	\$0	\$0	\$0	\$0
<b>Lifetime maximum:</b>	\$135	\$135	\$135	\$135
<b>Specialty Pharmacies in network*</b>	—	—	Name: XYZ Pharmacy, Inc. Phone #: 888-XXX-XXXX	Name: XYZ Pharmacy, Inc. Phone #: 888-XXX-XXXX
			Name: Phone #:	Name: Phone #:
			Name: Phone #:	Name: Phone #:
<b>Drug Copay / Coinsurance:</b>	0%	\$0	\$0	\$70
<b>Pharmacy cap:</b>	—	—	\$ N/A	\$ N/A
<b>Pharmacy cap met:</b>	—	—	\$ N/A	\$ N/A
<b>Additional Benefit Information:</b>	N/A	N/A	N/A	N/A

## BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – SAMPLE #2

This sample form has been provided for illustrative purposes only and is not an actual representation of coverage.

### Step 4: Determine if the patient requires special pre-clearance before being covered for TYSABRI.

	Infusion Administration Benefit	Physician Purchase Option Through Major Medical Benefits	Specialty Pharmacy Option Through Major Medical Benefit	Specialty Pharmacy Option Through Prescription Drug Benefit
<b>Prior Authorization/ Pre-determination Required?</b>	N/A	Step Edit	Step Edit	Step Edit
<b>Required Documentation:</b>	—	Simple PA (phone call or fax)	Simple PA (phone call or fax)	Simple PA (phone call or fax)
<b>Required Criteria:</b>	—	Failed AVONEX & Copaxone	Failed AVONEX & Copaxone	Failed AVONEX & Copaxone
<b>Attention to:</b>	—	Prior Authorization Department	Prior Authorization Department	Prior Authorization Department
<b>Phone:</b>	—	800-XXX-XXXX	800-XXX-XXXX	800-XXX-XXXX
<b>Fax:</b>	—	888-XXX-XXXX	888-XXX-XXXX	888-XXX-XXXX
<b>PA Status:</b>	—	Approved	Approved	Approved
<b>PA Expiration Date:</b>	—	11/15/14	11/15/14	11/15/14
<b>PA Instructions:</b>	—	Faxed in	Faxed in	Faxed in

### Step 5: Record any special instructions here. For example, document whether or not the health plan has a pharmacy benefit manager (PBM) and record their contact information.

Patient's PBM is Central Pharmacy Management. Contact # is 888-XXX-XXXX.

*\*TYSABRI can only be acquired through the following specialty pharmacies: AcariaHealth, Accredo, Aetna Specialty, BioScrip, Caremark, CVS/Careplus (a Caremark Company), Cigna Tel-Drug, Curascript, OptumRX, Walgreens*

#### Indication

TYSABRI® (natalizumab) is indicated as monotherapy for the treatment of patients with relapsing forms of multiple sclerosis. TYSABRI increases the risk of PML. When initiating and continuing treatment with TYSABRI, physicians should consider whether the expected benefit of TYSABRI is sufficient to offset this risk. See Important Safety Information regarding the risk of PML with TYSABRI.

#### Important Safety Information

##### **WARNING: Progressive Multifocal Leukoencephalopathy (PML)**

TYSABRI® (natalizumab) increases the risk of PML, an opportunistic viral infection of the brain that usually leads to death or severe disability. Risk factors for the development of PML include duration of therapy, prior use of immunosuppressants, and presence of anti-JCV antibodies. These factors should be considered in the context of expected benefit when initiating and continuing treatment with TYSABRI.

Healthcare professionals should monitor patients on TYSABRI for any new sign or symptom that may be suggestive of PML. TYSABRI dosing should be withheld immediately at the first sign or symptom suggestive of PML. For diagnosis, an evaluation including a gadolinium-enhanced MRI scan of the brain and, when indicated, cerebrospinal fluid analysis for JC viral DNA are recommended.

Because of the risk of PML, TYSABRI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the TOUCH Prescribing Program.

Please see [Full Prescribing Information](#), including Boxed Warning, as well as Important Safety Information about TYSABRI on pages 9-11.

# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – EDITABLE FORM

## Step 1: For expediency, complete basic patient information before calling insurance company.

Patient Name: _____		Date of Birth: ___/___/___		Policy Holder Name: _____					
Insurance Company Name: _____			Phone Number: _____						
Member #: _____	Group #: _____	Plan Type:	HMO	PPO	POS	Other _____			
Insurance:	Primary	Secondary	Tertiary	Is there a secondary policy:	Yes	No	In Network:	Yes	No
Physician Name/Site of Care: _____		Tax ID: _____		Provider #: _____					

## Step 2: Be sure to capture basic call details for easier follow-up.

Researched date: ___/___/___	Time: _____	Person(s) you spoke with: _____		
Policy year is:	Calendar	Benefit	Effective date: ___/___/___	Termination date: ___/___/___
Diagnosis: <u>340</u>	NDC Code: <u>64406-0008-01</u>	Unique Drug Code: <u>J2323</u>	Procedure Code: <u>96413</u>	Billing Preference: _____

## Step 3: Carefully assess patient benefit options to find the best fit for you and your patient. When TYSABRI is covered under the medical benefit, patients may have the option of physician purchase and bill or specialty pharmacy (AOB). Other patients will have only one option available to them. It is possible that some patients will not be covered under either Major Medical option. In that case, coverage under the patient's pharmacy benefit should be investigated.

	<b>Infusion Administration Benefit</b> <small>(The physician bills for the infusion and receives reimbursement from the health plan)</small>	<b>Physician Purchase Option Through Major Medical Benefits</b> <small>(The site of care purchases TYSABRI, bills for the drug, and receives reimbursement from the health plan)</small>	<b>Specialty Pharmacy Option Through Major Medical Benefit</b> <small>(Benefits are assigned to a network specialty pharmacy. The specialty pharmacy bills for the cost of TYSABRI)</small>	<b>Specialty Pharmacy Option Through Prescription Drug Benefit</b> <small>(TYSABRI is covered under the pharmacy benefit. The specialty pharmacy bills for the cost of TYSABRI)</small>
<b>Outcome:</b>	Covered    Not Covered	Covered    Not Covered	Covered    Not Covered	Covered    Not Covered
<b>TYS covered:</b>	—	Yes:    No:	Yes:    No:	Yes:    No:
<b>Deductible:</b>	\$	\$	\$	\$
<b>Deductible met:</b>	\$	\$	\$	\$
<b>Out-of-pocket maximum:</b>	\$ Includes Deductible    Excludes Deductible	\$ Includes Deductible    Excludes Deductible	\$ Includes Deductible    Excludes Deductible	\$ Includes Deductible    Excludes Deductible
<b>Out-of-pocket maximum met:</b>	\$	\$	\$	\$
<b>Lifetime maximum:</b>	\$	\$	\$	\$
<b>Specialty Pharmacies in network*</b>	—	—	Name: _____ Phone #: _____	Name: _____ Phone #: _____
			Name: _____ Phone #: _____	Name: _____ Phone #: _____
			Name: _____ Phone #: _____	Name: _____ Phone #: _____
<b>Drug Copay / Coinsurance:</b>	% or \$	% or \$	% or \$	% or \$
<b>Pharmacy cap:</b>	—	—	\$	\$
<b>Pharmacy cap met:</b>	—	—	\$	\$
<b>Additional Benefit Information:</b>				



# BENEFIT INVESTIGATION WORKSHEET FOR TYSABRI® (natalizumab) – EDITABLE FORM

## Step 4: Determine if the patient requires special pre-clearance before being covered for TYSABRI.

	Infusion Administration Benefit	Physician Purchase Option Through Major Medical Benefits	Specialty Pharmacy Option Through Major Medical Benefit	Specialty Pharmacy Option Through Prescription Drug Benefit
Prior Authorization/ Pre-determination Required?				
Required Documentation:	—			
Required Criteria:	—			
Attention to:	—			
Phone:	—			
Fax:	—			
PA Status:	—			
PA Expiration Date:	—			
PA Instructions:	—			

## Step 5: Record any special instructions here. For example, document whether or not the health plan has a pharmacy benefit manager (PBM) and record their contact information.

*\*TYSABRI can only be acquired through the following specialty pharmacies: AcariaHealth, Accredo, Aetna Specialty, BioScrip, Caremark, CVS/Careplus (a Caremark Company), Cigna Tel-Drug, Curascript, OptumRX, Walgreens*

### Indication

TYSABRI® (natalizumab) is indicated as monotherapy for the treatment of patients with relapsing forms of multiple sclerosis. TYSABRI increases the risk of PML. When initiating and continuing treatment with TYSABRI, physicians should consider whether the expected benefit of TYSABRI is sufficient to offset this risk. See Important Safety Information regarding the risk of PML with TYSABRI.

### Important Safety Information

#### WARNING: Progressive Multifocal Leukoencephalopathy (PML)

TYSABRI® (natalizumab) increases the risk of PML, an opportunistic viral infection of the brain that usually leads to death or severe disability. Risk factors for the development of PML include duration of therapy, prior use of immunosuppressants, and presence of anti-JCV antibodies. These factors should be considered in the context of expected benefit when initiating and continuing treatment with TYSABRI.

Healthcare professionals should monitor patients on TYSABRI for any new sign or symptom that may be suggestive of PML. TYSABRI dosing should be withheld immediately at the first sign or symptom suggestive of PML. For diagnosis, an evaluation including a gadolinium-enhanced MRI scan of the brain and, when indicated, cerebrospinal fluid analysis for JC viral DNA are recommended.

Because of the risk of PML, TYSABRI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the TOUCH Prescribing Program.

### **Progressive Multifocal Leukoencephalopathy (PML)**

- Infection by the JC Virus (JCV) is required for the development of PML.
- There are no known interventions that can reliably prevent PML or that can adequately treat PML if it occurs.
- MRI findings may be apparent before clinical signs or symptoms suggestive of PML. Periodic monitoring for radiographic signs consistent with PML should be considered to allow for an early diagnosis of PML. Lower PML-related mortality and morbidity have been reported following TYSABRI discontinuation in patients with PML who were initially asymptomatic compared to patients with PML who had characteristic clinical signs and symptoms at diagnosis.
- PML has been reported after discontinuation of TYSABRI in patients who did not have findings suggestive of PML at the time of discontinuation. Patients should continue to be monitored for any new signs or symptoms that may be suggestive of PML for approximately 6 months after discontinuation of TYSABRI.
- Adverse events that may occur during plasma exchange include clearance of other medications and volume shifts, which have the potential to lead to hypotension or pulmonary edema. Although plasma exchange has not been studied in TYSABRI-treated patients with PML, it has been used in such patients in the postmarketing setting to remove TYSABRI more quickly from the circulation.
- Immune reconstitution inflammatory syndrome (IRIS) has been reported in the majority of TYSABRI-treated patients who developed PML and subsequently discontinued TYSABRI. In almost all cases, IRIS occurred after plasma exchange was used to eliminate circulating TYSABRI. It presents as a clinical decline in the patient's condition after TYSABRI removal (and, in some cases, after apparent clinical improvement) that may be rapid, can lead to serious neurological complications or death, and is often associated with characteristic changes in the MRI. TYSABRI has not been associated with IRIS in patients discontinuing treatment with TYSABRI for reasons unrelated to PML. In TYSABRI-treated patients with PML, IRIS has been reported within days to several weeks after plasma exchange. Monitoring for development of IRIS and appropriate treatment of the associated inflammation should be undertaken.

### **Contraindications**

- TYSABRI is contraindicated in patients who have or have had PML.
- TYSABRI is contraindicated in patients who have had a hypersensitivity reaction to TYSABRI.

### **TYSABRI TOUCH Prescribing Program**

- Because of the risk of PML, TYSABRI is available only through a restricted distribution program under a REMS called the TOUCH® Prescribing Program.
- Patients must be enrolled in the TOUCH Prescribing Program, read the Medication Guide, understand the risks associated with TYSABRI and complete and sign the Patient-Prescriber Enrollment Form.

### **Herpes Encephalitis and Meningitis**

- TYSABRI increases the risk of developing encephalitis and meningitis caused by herpes simplex and varicella zoster viruses.
- Serious, life-threatening, and sometimes fatal cases have been reported in the postmarketing setting in multiple sclerosis patients receiving TYSABRI.
- The duration of treatment with TYSABRI prior to onset ranged from a few months to several years.
- Monitor patients receiving TYSABRI for signs and symptoms of meningitis and encephalitis. If herpes encephalitis or meningitis occurs, TYSABRI should be discontinued, and appropriate treatment for herpes encephalitis/meningitis should be administered.

### **Hepatotoxicity**

- Clinically significant liver injury, including acute liver failure requiring transplant, has been reported in patients treated with TYSABRI in the postmarketing setting.
- Signs of liver injury, including markedly elevated serum hepatic enzymes and elevated total bilirubin, occurred as early as six days after the first dose; signs of liver injury have also been reported for the first time after multiple doses.
- TYSABRI should be discontinued in patients with jaundice or other evidence of significant liver injury (e.g., laboratory evidence).

### **Hypersensitivity/Antibody Formation**

- Hypersensitivity reactions have occurred in patients receiving TYSABRI, including serious systemic reactions (e.g., anaphylaxis) which occurred at an incidence of <1%.
- Reactions usually occur within 2 hours of the start of the infusion. Symptoms associated with these reactions can include urticaria, dizziness, fever, rash, rigors, pruritus, nausea, flushing, hypotension, dyspnea, and chest pain.
- If a hypersensitivity reaction occurs, discontinue administration of TYSABRI and initiate appropriate therapy. Patients who experience a hypersensitivity reaction should not be re-treated with TYSABRI.
- Hypersensitivity reactions were more frequent in patients with antibodies to TYSABRI compared with patients who did not develop antibodies to TYSABRI in both MS and CD studies
- Patients who receive TYSABRI for a short exposure (1 to 2 infusions) followed by an extended period without treatment are at higher risk of developing anti-natalizumab antibodies and/or hypersensitivity reactions on re-exposure, compared to patients who received regularly scheduled treatment.

### Immunosuppression/Infections

- The immune system effects of TYSABRI may increase the risk for infections.
- In Study MS1, certain types of infections—including pneumonias and urinary tract infections (including serious cases), gastroenteritis, vaginal infections, tooth infections, tonsillitis, and herpes infections—occurred more often in TYSABRI-treated patients than in placebo-treated patients. One opportunistic infection, a cryptosporidial gastroenteritis with a prolonged course, was observed in a patient who received TYSABRI in Study MS1.
- In Studies MS1 and MS2, an increase in infections was seen in patients concurrently receiving short courses of corticosteroids. However, the increase in infections in TYSABRI-treated patients who received steroids was similar to the increase in placebo-treated patients who received steroids.
- Concurrent use of antineoplastic, immunosuppressant, or immunomodulating agents may further increase the risk of infections over the risk observed with use of TYSABRI alone.
- In Studies MS1 and MS2, the rate of any type of infection was approximately 1.5 per patient-year in both TYSABRI-treated patients and placebo-treated patients.
- In Study MS1, the incidence of serious infections was approximately 3% in TYSABRI-treated patients and in placebo-treated patients. Most patients did not interrupt treatment with TYSABRI during infections.

### Laboratory Test Abnormalities

- In clinical trials, TYSABRI was observed to induce increases in circulating lymphocytes, monocytes, eosinophils, basophils, and nucleated red blood cells. Observed changes persisted during TYSABRI exposure, but were reversible, returning to baseline levels usually within 16 weeks after the last dose. Elevations of neutrophils were not observed. TYSABRI induces mild decreases in hemoglobin levels (mean decrease of 0.6g/dL) that are frequently transient.

### Adverse Reactions

- The most common adverse reactions reported at an incidence of  $\geq 10\%$  with TYSABRI and  $\geq 2\%$  difference with placebo were headache (38% vs 33%), fatigue (27% vs 21%), infusion reactions (24% vs 18%), urinary tract infections (21% vs 17%), arthralgia (19% vs 14%), depression (19% vs 16%), pain in extremity (16% vs 14%), rash (12% vs 9%), gastroenteritis (11% vs 9%), and vaginitis (10% vs 6%).
- The most frequently reported serious adverse reactions in Study MS1 were infections (3.2% vs 2.6% placebo), including urinary tract infection (0.8% vs 0.3%) and pneumonia (0.6% vs 0%), acute hypersensitivity reactions (1.1% vs 0.3%, including anaphylaxis/anaphylactoid reaction [0.8% vs 0%]), depression (1.0% vs 1.0%, including suicidal ideation or attempt [0.6% vs 0.3%]), and cholelithiasis (1.0% vs 0.3%).
- Based on animal data, TYSABRI may cause fetal harm. TYSABRI should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Please see [Full Prescribing Information](#), including Boxed Warning, as well as Important Safety Information about TYSABRI on pages 9-11.



DECISIVE ACTION  
MATTERS