

TYSABRI 12-Week Questionnaire for Crohn's Disease

Please submit this form to:
Biogen Idec
www.touchprogram.com
Fax: 1-800-840-1278

<Date>

<Prescriber Name>

<Prescriber Address>

<MD Number>

Re: <Patient Name>

Patient Enrollment Number: <Patient TOUCH ID>

Patient date of birth: <MM/DD/YYYY>

Dear <Prescriber Name>,

Our records indicate that it has been 12 weeks since <Patient Name> received his or her first dose of **TYSABRI**. The Prescribing Information states that if a patient with Crohn's disease has not experienced a therapeutic benefit by 12 weeks of induction of therapy she/he should be discontinued from **TYSABRI** treatment.

This questionnaire is necessary to fulfill the tracking requirements of the TOUCH Prescribing Program for Crohn's disease patients treated with **TYSABRI**. You may also be contacted for additional information in response to answers provided on this form.

Submit the completed evaluation to Biogen Idec via TOUCH On-Line (www.touchprogram.com) OR fax (1-800-840-1278) and place one copy in the patient's record.

Please answer **Yes** or **No** to the following questions:

1. Has this patient experienced a therapeutic benefit within 12 weeks after starting **TYSABRI treatment?**

Yes No*

***TYSABRI should be discontinued if the patient has not experienced a therapeutic benefit by 12 weeks of induction therapy with **TYSABRI**.**

2. Will the patient continue on **TYSABRI?**

Yes No*

***If you answer No, Biogen Idec will contact the patient and the infusion site to STOP **TYSABRI TREATMENT**. The patient will not be eligible to receive **TYSABRI** treatment, and you will receive a discontinuation questionnaire to complete for this patient.**

If you have questions, or if you need additional information, please call 1-800-456-2255 from 8:30AM to 8:00 PM (ET).

Prescriber signature: _____ Date (MM/DD/YYYY): ____/____/____

(If applicable) Print TOUCH Authorized Prescriber Delegate Name: _____

Please Note: A TOUCH authorized physician may complete this form on behalf of the TOUCH Prescriber of record. This questionnaire will be used consistent with the TOUCH Prescriber/Patient Enrollment form signed by you and your patient with HIPAA and applicable privacy rules.

For full Prescribing Information, including Boxed Warning, please see www.TYSABRI.com.



TYSABRI and TOUCH are registered trademarks of Elan Pharmaceuticals, Inc.
BIOGEN IDEC and the BIOGEN IDEC logo are registered trademarks of Biogen Idec.
Elan logo is a registered trademark of Elan Corporation, plc.
All other trademarks are the marks of their respective owners.

