Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

TYSABRI (Natalizumab) J2323 Request

Please Fax Response To: 1-866-668-1214
Medical Request Coordinator

Please provide the information below, **PRINT** your answer, **attach supporting documentation;** and sign, date and return to our office as soon as possible to expedite this request. **PLEASE PRINT!**

Without this information, the request may be denied in 30 days.

DATE OF REQUEST	CLIENT NAME	PROVIDERONE CLIENT ID

PRESCRIBER'S NAME	BILLING PROVIDER NPI
TELEPHONE NUMBER	FAX NUMBER
DRUG / STRENGTH / DOSE	Procedure/HCPC Code: **J2323**

Tysabri® is only covered as monotherapy for treating MS (Multiple Sclerosis) and Crohn's Disease

DSHS requires a Neurologist or a Physician's Assistant or ARNP working with a Neurologist to prescribe Tysabri for MS and a Gastroenterologist to prescribe Tysabri for Crohn's.

1. What is the confirmation date for the MS/Crohn's diagnosis: ____________ Please attach supporting objective clinical documentation.

2. Client must have tried and failed other drugs for MS/Crohn's. What alternative medication(s) have been tried? What were the outcomes? How long was the trial?

3. If no other medication has been tried please explain why not?

4. Client's with MS must have an MRI before starting Tysabri® treatment. Date of MRI? ___________

5. Please confirm whether the client is immunocompromised. ☐ Yes ☐ No

   ****If yes, Tysabri is contraindicated.****

6. Are you registered with the Tysabri TOUCH (MS or CD) Prescribing Program? ☐ Yes ☐ No

7. Is the client enrolled in the TOUCH Prescribing Program? ☐ Yes ☐ No

8. Additional Information:

PRESCRIBER SIGNATURE	PRESCRIBER SPECIALTY	DATE

A typed and completed General Authorization for Information form, DSHS 13-835, must be attached to your request in order to be processed by the Department.