

**Initial Discontinuation  
 Questionnaire—Crohn's Disease**

<Date>

<Prescriber Name>

<Prescriber Address>

<MD Number>

Dear <MD Name>,

Re: <Patient Name>

Patient Enrollment Number: <Patient TOUCH ID>

Patient date of birth: <DOB>

Our records indicate that <Patient Name> received a final dose of TYSABRI on <MM/DD/YYYY>.

- This Initial Discontinuation 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 Initial Discontinuation Questionnaire to Biogen via TOUCH On-Line ([www.touchprogram.com](http://www.touchprogram.com)) **OR** fax (1-800-840-1278) and place one copy in the patient's record. This form is mandatory for all discontinued patients.

**A** Is the patient still under <MD name>'s care?  
 Yes  No/I don't know  
 If No, please provide name and phone number for new prescriber, if available \_\_\_\_\_

**B** Is the patient alive?  
 Yes  No  
 Since starting TYSABRI therapy has the patient been diagnosed with any of the following that you have *not* reported to Biogen:

**C PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML)**  
 Yes  No or  Under investigation

**D OPPORTUNISTIC INFECTION\*** for which they have been hospitalized  
 Yes  No or  Under investigation

**E MALIGNANCY**  
 Yes  No or  Under investigation

**F** Since <last authorization>, has the patient been tested for the presence of anti-JCV antibodies?  
 Yes  Not Performed  
 If performed, test result:  
 Positive  Negative  Pending

**G** Since <MM/DD/YYYY> is the patient currently receiving or has the patient received systemic steroids for the treatment of a Crohn's flare?  
 Yes  No  
 If Yes, please circle the number of months of use:  
 1 2 3 4 5 6

**H** Within the past year, and since starting TYSABRI, has the patient received greater than 6 consecutive months of systemic steroids for the treatment of Crohn's disease?  
 Yes  No

**I** Since <MM/DD/YYYY> is the patient currently receiving or has the patient received any **IMMUNOMODULATORY**, or **IMMUNOSUPPRESSANT THERAPIES**?  
 Yes  No  
 If Yes, please indicate the type of therapy and the number of months of use.

	Months of Use in Last 6 Months					
	1	2	3	4	5	6
Remicade®						
Humira®						
Azathioprine or Mercaptopurine or Thioguanine						
Vedolizumab (Entyvio®)						
Methotrexate						
Cimzia®						
Other immunomodulatory or immunosuppressant therapy†						

†Not including aminosaliclates.

\***OPPORTUNISTIC INFECTION** is defined as an infection due to an organism that generally does not cause disease, or causes only mild or self-limited disease in people with normally functioning immune systems, but causes more significant disease in people with impaired immunity. These infections are frequently severe, prolonged, or disseminated. Examples include esophageal candidiasis, systemic fungal infections, *pneumocystis carinii* pneumonia, mycobacterial infections (including pulmonary and extra-pulmonary tuberculosis), chronic intestinal cryptosporidiosis, and disseminated viral infections (such as disseminated herpes or cytomegalovirus infections).

**TOUCH Certified Prescriber or Delegate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(If applicable) Print TOUCH Certified Prescriber or Delegate Name:** \_\_\_\_\_

**Please Note:** A TOUCH certified prescriber or delegate may complete this form and submit on behalf of the certified Prescriber of record. The certified TOUCH Prescriber of record is responsible for compliance with the TOUCH Prescribing Program requirements, including monitoring, evaluation, and management of each patient under his/her care. 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. If you have questions, or if you need additional information, please call 1-800-456-2255.

Please see full Prescribing Information, including Boxed Warning, at [www.TYSABRI.com](http://www.TYSABRI.com)

