TYSABRI Treatment <u>Initiation</u> Form TYSABRI (Natalizumab) 300 mg concentrate solution for infusion

This form should be read carefully before starting treatment with TYSABRI. Please follow the advice in this form to ensure that you are fully informed of, and understand the risk of PML (progressive multifocal leukoencephalopathy), IRIS (Immune reconstitution Inflammatory Disease) and other important adverse effects of TYSABRI

Before starting treatment with TYSABRI vou should:

- read the Package Leaflet which is included in each box of TYSABRI;
- read the Alert Card given to you by your doctor;
- discuss with your doctor the benefits and the risks associated with this treatment.

The Package Leaflet and the Alert Card contain important safety information about PML, a rare brain infection that has occurred in patients who have been given TYSABRI, and which may lead to severe disability or death.

JC virus is a common virus which infects many people but does not normally cause noticeable illness. PML is associated with an uncontrolled increase of the JC virus in the brain, although the reason for this increase in some patients treated with TYSABRI is unknown.

The risk of PML with TYSABRI is higher

- If you have antibodies to the JC virus in your blood.
- The longer that you are on treatment with TYSABRI, especially if you have been on treatment for more than two years
- If you have taken an immunosuppressant (a medicine that reduces the activity of your body's immune system) at any time before starting TYSABRI treatment.

Your doctor should discuss the potential risk of developing PML with you before you start treatment with TYSABRI.

Your doctor may test your blood to check if you have antibodies to the JC virus before you start treatment with TYSABRI. Your doctor may repeat the test while you are on TYSABRI treatment to check if anything has changed. The risk of PML is higher if you have all the risk factors described above, or if you have not taken an immunosuppressant medication prior to starting TYSABRI and have higher levels of antibodies to the JC virus and you have been on TYSABRI for more than 2 years. Your doctor will monitor you more closely if you are at higher risk for PML.

You should discuss with your doctor if TYSABRI is the most suitable treatment for you before you start taking TYSABRI and when you have been taking TYSABRI for more than two years.

In patients with PML, a reaction known as IRIS (Immune Reconstitution Inflammatory Syndrome) is likely to occur after treatment for PML, as TYSABRI is removed from your body. IRIS may lead to your condition getting worse, including worsening of brain function.

The Package Leaflet should be read each time that you take TYSABRI because it may have new information that is important to your treatment.

You should keep the Alert Card with you to remind you of the important safety information, in particular any symptoms you may develop which could possibly indicate PML, if appropriate, you should show the Alert Card to your partner or caregiver.

If you do not have the Package Leaflet or the Alert Card then please ask your doctor to provide them to you before you receive your infusion of TYSABRI.

[Patient's name, signature and date of signature, and Doctor's name, signature and date of signature].

PML risk estimate:
Patients who are anti-JCV antibody negative
Based on global data, if you do not have antibodies to JCV your chance of getting PML is 0.1/1000 (or 1 in 10,000) patients.
Patients who are anti-JCV antibody positive
If you do have antibodies to JCV, your risk of developing PML will vary depending on the duration of treatment with Tysabri, the level of anti-JCV antibodies in your blood and whether you have received prior treatment with an immunosuppressant medication. Your doctor will discuss the potential risk before you start treatment.
Version dated 11 February 2016

TYSABRI Treatment <u>Continuation</u> Form TYSABRI (Natalizumab) 300 mg concentrate solution for infusion

This form should be read carefully before continuing TYSABRI treatment for more than 2 years. Although you have been receiving TYSABRI for 2 years, it is important that you are reminded that the risk of PML increases beyond this time. Please follow the advice in this form to ensure that you are fully informed of, and understand the risk of PML (progressive multifocal leukoencephalopathy), IRIS (Immune reconstitution Inflammatory Disease) and other important adverse effects of TYSABRI.

Before continuing treatment with TYSABRI you should:

- read the Package Leaflet which is included in each box of TYSABRI;
- read the Alert Card given to you by your doctor;
- discuss with your doctor the benefits and the risks associated this treatment.

The Package Leaflet and the Alert Card contain important safety information about PML, a rare brain infection that has occurred in patients who have been given TYSABRI and which may lead to severe disability or death.

PML is associated with an uncontrolled increase of the JC virus in the brain, although the reason for this increase in some patients treated with TYSABRI is unknown. JC virus is a common virus which infects many people but does not normally cause noticeable illness.

The risk of PML with TYSABRI is higher

- If you have antibodies to the JC virus in your blood.
- The longer that you are on treatment with TYSABRI, especially if you have been on treatment for more than two years.
- If you have taken an immunosuppressant (a medicine that reduces the activity of your body's immune system) at any time before starting TYSABRI treatment.

Your doctor should discuss the potential risk of developing PML with you before you continue treatment with TYSABRI. .

Your doctor may test your blood to check if you have antibodies to the JC virus before you continue treatment with TYSABRI. Your doctor may repeat the test while you are on TYSABRI treatment to check if anything has changed. The risk of PML is higher if you have all the risk factors described above, or if you have not taken an immunosuppressant medication prior to starting TYSABRI and have higher levels of antibodies to the JC virus and you have been on TYSABRI for more than 2 years. Your doctor will monitor you more closely if you are at higher risk for PML

You should discuss with your Doctor if TYSABRI is the most suitable treatment for you before you continue TYSABRI for more than two years.

In patients with PML, a reaction known as IRIS (Immune Reconstitution Inflammatory Syndrome) is likely to occur after treatment for PML, as TYSABRI is removed from your body. IRIS may lead to your condition getting worse, including worsening of brain function.

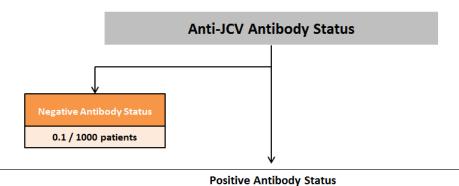
The Package Leaflet should be read each time that you take TYSABRI because it may have new information that is important to your treatment.

You should keep the Alert Card with you to remind you of the important safety information, in particular any symptoms you may develop which could possibly indicate PML, if appropriate, you should show the Alert Card to your partner or caregiver.

If you do not have the Package Leaflet or the Alert Card then please ask your doctor to provide them to you before you receive your infusion of TYSABRI.

[Patient's name, signature and date of signature, and Doctor's name, signature and date of signature].

PML risk estimate:



0.6

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	PML risk estimates per 1000 patients					
Natalizumab	Patients without prior IS use				Patients with	
Exposure	No index value	Antibody Index ≤ 0.9	Antibody Index > 0.9 ≤ 1.5	Antibody Index > 1.5	prior IS use	
1-12 months	0.1	0.1	0.1	0.2	0.3	
13-24 months	0.6	0.1	0.3	0.9	0.4	
25-36 months	2	0.2	0.8	3	4	
37-48 months	4	0.4	2	7	8	
49-60 months	5	0.5	2	8	8	

Patients who are anti-JCV antibody negative

61-72 months

Based on global data, if you do not have antibodies to JCV your chance of getting PML is 0.1/1000 (or 1 in 10,000) patients.

Patients who are anti-JCV antibody positive

If you do have antibodies to JCV, your risk of developing PML will vary depending on the duration of treatment with TYSABRI, the level of anti-JCV antibodies in your blood and whether you have received prior treatment with an immunosuppressant medication. Your doctor will discuss the potential risk before you continue with treatment.