Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

Natalizumab (Tysabri®)
Prior Authorization Request Form

Beneficiary Information

Beneficiary Name: _____

Beneficiary Medicaid ID #: _____ Date of Birth: ___/___/_____

Billing Provider Information (Infusion Center)

Billing Provider's Name: _____

Provider Medicaid ID#: _____ Provider NPI#: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Procedure Code Requesting: _____ Total # of Units Requesting (per 3 months): _____

Prescriber Information

Prescriber's Name: _____

Prescriber's Medicaid ID#: _____ Prescriber's NPI#: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Requested Information

1. Please indicate the diagnosis and severity for which Tysabri® is being prescribed (no diagnosis codes):

   _____

2. What specialty is the prescriber?

   Gastroenterologist _____ Neurologist _____ Other (please specify) _____

3. Is the patient, prescriber and infusion center registered with the CD or MS Touch program?

   CD Touch _____ MS Touch _____ Neither _____

4. Is inflammation present due to Crohn's disease?

   Yes _____ No _____ N/A _____

5. Document previous therapies tried and patient response to each therapy (include specific medications):

   _____

   _____

6. TB skin test results:

   Date of test: ___/___/_____ Positive _____ Negative _____

Prescriber's Signature: _____ Date: ___/___/_____

Completed form should be faxed to the Prior Authorization Unit at 1-800-913-2229.
This form will be returned unprocessed if it is not completed in its entirety.
For renewal of prior authorization for patients with Crohn's disease, please fill out page 2.

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Requested Information for Renewal of Prior Authorization

Please fill out all information on Page 1 and the following:

7. Document patient response to Tysabri®:
   _____
   _____
8. Document if patient has discontinued chronic steroid use: _____
   _____

Prescriber's Signature: _____ Date: ___/___/_____

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This form will be returned unprocessed if it is not completed in its entirety.