

Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067



TYRUKO (natalizumab-sztn)

ORDER FORM

Date: _____

PATIENT INFORMATION		
Name:	Phone:	DOB: SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> NKDA Allergies:		Weight lbs/kg:

PHYSICIAN INFORMATION		
Physician Name*:	Practice Name:	
Address:	Office Contact Name:	Office Contact #:
Phone: Fax:	Email (for updates):	

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal	<input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order

TYRUKO : is an integrin receptor antagonist indicated for treatment of:

Multiple Sclerosis (MS)

TYRUKO is indicated as monotherapy for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Crohn's Disease (CD)

TYRUKO is indicated for inducing and maintaining clinical response and remission in adult patients with moderately to severely active Crohn's disease with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional CD therapies and inhibitors of TNF- α . **Important Limitations:** In CD, TYRUKO should not be used in combination with immunosuppressants or inhibitors of TNF- α .

DIAGNOSIS <small>Please provide ICD-10 code</small>	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
PRE-MEDICATION	
<input type="checkbox"/> Tylenol PO 650mg <input type="checkbox"/> 1000 MG <input type="checkbox"/> other _____	
<input type="checkbox"/> Solumedrol 125mg IV <input type="checkbox"/> other _____	
<input type="checkbox"/> Benadryl <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> other _____ <input type="checkbox"/> IV <input type="checkbox"/> PO	
<input type="checkbox"/> Benadryl 50 mg <input type="checkbox"/> or PO	
<input type="checkbox"/> Medication _____ Dose _____ Route _____	
<input type="checkbox"/> _____ (other) <input type="checkbox"/> _____ (other)	

TYRUKO ORDERS	
PATIENT WEIGHT	
_____ lbs.	
_____ kg	
DOSAGE	
<input type="checkbox"/> 300mg IV	
<input type="checkbox"/> Other _____	
FREQUENCY	
<input type="checkbox"/> Every 4 weeks for _____ month	
<input type="checkbox"/> Other _____	
LAST DOSAGE OF	
<input type="checkbox"/> Avonex <input type="checkbox"/> Betaseron <input type="checkbox"/> Tysabri	
Date of last dose: _____	
LAB DRAW REQUEST	
<input type="checkbox"/> Labs: _____	
<input type="checkbox"/> Freq: _____	

NOTE:

REQUIRED DOCUMENTATION CHECKLIST:
_____ Patient Demographics
_____ Insurance Card/Information
_____ Recent labs to include CBC, CMP, JCV and Hep B surface antigen and any other recent labs
_____ Please Confirm Provider is registered in CD or MS Tyruko REMS
_____ Current Medication List
_____ Other

WARNINGS AND PRECAUTIONS
https://www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Riabni/riabni_pi_english.pdf

ORDERING PROVIDER

Signature **X** _____ Date _____

NPI _____

Provider _____ Phone _____ Fax _____