Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Bronx
226 West 238th Street
Bronx, NY 10463

Brooklyn/Sheepshead Bay
2546 East 17th Street
Fl, 1
Brooklyn, NY 11235

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Long Beach
917 Beech Street
Long Beach, NY 11561

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

NYC Central Park West
115 Central Park West
Suite 15
New York, NY 10023

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

ThrIVewell
INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

Manhattan/FIDI
30 Broad Street
Suite 401
New York, NY, 10004

Manhattan/Midtown
120 East 56 Street
Suit 3D
New York, NY 10022

Manhattan/Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

5 Towns
141 Washington Avenue
Cedarhurst, NY 11559

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Woodbury
75 Froehlich Farm
Woodbury, NY 11797

TYRUKO (natalizumab-sztn) ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB: SEX: M ☐ F ☐
☐NKDA Allergies:		Weight lbs/kg:

PHYSICIAN INFORMATION

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

REFERRAL STATUS

☐New Referral ☐Referral Renewal ☐Medication/Order Change ☐Benefits Verification Only ☐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 *Please provide ICD-10 code*

☐ _____
☐ _____

PRE-MEDICATION

☐ Tylenol PO 650mg ☐1000 MG ☐other _____
☐ Solumedrol 125mg IV ☐other _____
☐ Benadryl ☐25mg ☐50mg ☐other _____ ☐ IV ☐PO
☐ Benadryl 50 mg ☐or PO
☐ Medication _____ Dose _____Route _____
☐ _____ *(other)* ☐ _____ *(other)*

TYRUKO ORDERS

PATIENT WEIGHT

_____ lbs.
_____ kg

DOSAGE

☐ 300mg IV
☐ Other_____

FREQUENCY

☐ Every 4 weeks for _____ month
☐ Other_____

LAST DOSAGE OF

☐ Avonex ☐ Betaseron ☐Tysabri
Date of last dose:_____

LAB DRAW REQUEST

☐ Labs: _____
☐ 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/Repositorypi-amgen-com/Riabni/riabni_pi_english.pdf

ORDERING PROVIDER

Signature **X** _____ Date _____ **NPI**_____

Provider _____ Phone _____ Fax _____