

**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- $\alpha$ . **Important Limitations:** In CD, TYRUKO should not be used in combination with immunosuppressants or inhibitors of TNF- $\alpha$ .

**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/Repository/pi-amgen-com/Riabni/riabni\\_pi\\_english.pdf](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 \_\_\_\_\_