

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



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

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

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/Repository/pi-amgen-com/Riabni/riabni_pi_english.pdf

ORDERING PROVIDER

Signature **X** _____ Date _____ NPI _____

Provider _____ Phone _____ Fax _____