

Connecticut
500 W Putnam Ave
Ste 435
Greenwich, CT 06830



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 _____