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

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

Bronx
226 West 238th Street
Bronx, NY 10463

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

Long Island City
36-36 33rd
Suite 311
Long Island City, NY 11106

Massapequa
97 Grand Avenue
Massapequa, NY 11758

NYC

E 56th & Park Midtown
120 East 56 Street
Suite 300
New York, NY 10022

FIDI
30 Broad Street
Suite 401
New York, NY 10004

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

E 70th St Upper East Side
225 E 70th Street
Suite 1E
New York, NY 10021

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

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

Mission Medical

Tarrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Port Jefferson
12 Medical Drive
Suite B
Port Jefferson Station, NY 11776

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

Southampton
625 Hampton Road
Southampton, NY 11968

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook
233 Union Avenue
Suite 207
Holbrook, NY 11741

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

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

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

Woodbury
7600 Jericho Tpke,
Lower Level, Suite C500
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 _____