

NATALIZUMAB (AND BIOSIMILAR) ORDER FORM

Tyruko (natalizumab-sztn) Tysabri (natalizumab)

Dispense As Written (DAW) Will substitute for biosimilar or reference product based on insurance and availability

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Mobile Number: _____ Patient Weight: _____ kg

Allergies: _____

Patient has known difficult venous access. Comments: _____

New Start Therapy | Continuation of Therapy & Date of last dose (if applicable): _____

DIAGNOSIS (Provider must specify)

- Relapsing-remitting multiple sclerosis (RRMS), ICD 10: G35.A
- Active secondary progressive multiple sclerosis (SPMS), ICD 10: G35.C1
- Clinically isolated syndrome, ICD 10: G36.9
- Moderately to severely active Crohn's disease, ICD 10: K50.0
- Other: _____

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____

Signature: _____ Date: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

- Demographics
- Labs and tests supporting diagnosis
- Office/progress notes

PRE-MEDICATION (Not typically indicated)

- Acetaminophen (Tylenol) 500 mg PO
- Famotidine 20 mg IV
- Methylprednisolone (Solu-Medrol) 125 mg IVP
- Benadryl 25mg PO
- Cetirizine (Zyrtec) 10 mg PO
- Other: _____ Dose: _____ Route: _____

MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Natalizumab	300 mg	IV	<input type="checkbox"/> Every 28 days <input type="checkbox"/> Other: _____

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____

FAX NUMBERS:

- CT: 203.433.0621
- FL: 904.877.9270

- MA: 413.296.8482
- MD: 240.224.8607
- ME: 207.407.7272

- NC: 919.984.8698
- NH: 603.217.5371
- NJ: 201.581.4521

- NY: 631.250.6020
- OH: 937.871.4594
- PA: 610.273.5998

- SC: 864.973.6279
- VA: 703.202.0499