

TREMFYA

(guselkumab)

Central Fax: 800-504-0870

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List ☐ NKDA ☐	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Medication List
- Tried/Failed Therapies
- Negative TB Results

PRIMARY DIAGNOSIS

- | | | |
|---|---|---|
| ☐ K51.00 Ulcerative (chronic) pancolitis without complications | ☐ K51.30 Ulcerative (chronic) rectosigmoiditis without complications | ☐ K51.80 Other ulcerative colitis without complications |
| ☐ K51.01 Ulcerative (chronic) pancolitis with complications | ☐ K51.31 Ulcerative (chronic) rectosigmoiditis with complications | ☐ K51.81 Other ulcerative colitis with complications |
| ☐ K51.20 Ulcerative (chronic) proctitis without complications | ☐ K51.50 Left sided colitis without complications | ☐ K51.90 Ulcerative Colitis, unspecified without complications |
| ☐ K51.21 Ulcerative (chronic) proctitis with complications | ☐ K51.51 Left sided colitis with complications | ☐ K51.91 Ulcerative colitis, unspecified, with complications |
| | | ☐ Other: _____ |

CLINICAL MONITORING: Recommended lab to be maintained and monitored by prescriber

- For Crohns and UC patients: Liver enzymes and bilirubin at baseline, 16 weeks, and periodically thereafter.

PRIMARY MEDICATION ORDER: If necessary, Suite Life will round dose up/down according to payor guidelines

- | | |
|--|--|
| ☐ Induction:
☐ 200 mg intravenous infusion over at least one hour at Week 0, Week 4, and Week 8 | ☐ Maintenance Doses:
☐ 100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter
☐ 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. |
|--|--|
- ☐ Provider's office will coordinate maintenance dose from Specialty Pharmacy.
- ☐ Other: _____
- First Dose: ☐ Y ☐ N ☒ Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

- ☒ Start PIV/ACCESS CVC ☒ Flush device per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- ☐ Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Administer acute infusion reaction and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- ☐ Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	☐ Fax:
NPI AND License:	☐ Email:

Provider Signature

Date

Rev: 2/26