

Tremfya (guselkumab) Infusion/Injection Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other diagnoses: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by IVP
- Solu-Cortef _____mg by IVP
- Other: _____

Patient Height and Weight

Patient Height (cm): _____

Patient Weight (kg): _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Quantiferon test results within one year
- For Ulcerative Colitis or Crohn's Disease, baseline liver enzymes and bilirubin at baseline (then for 16 weeks of treatment, and periodically thereafter)
- For Plaque Psoriasis and Psoriatic Arthritis, baseline liver enzymes and bilirubin at baseline and periodically thereafter if clinically indicated
- Other: _____

Tremfya (guselkumab) loading dose Medication Order for Ulcerative Colitis or Crohn's Disease

- Dosage and Frequency (choose one):
 - 200 mg IV at week 0, 4, and 8
 - 400 mg subcutaneously at week 0, 4, and 8

Tremfya (guselkumab) SubQ maintenance dose Medication Order for Ulcerative Colitis or Crohn's Disease

- Dosage and Frequency (choose one):
 - 100 mg subcutaneously at week 16, then every 8 weeks x 1 year
 - 200 mg subcutaneously at week 12, then every 4 weeks x 1 year

Tremfya (guselkumab) SubQ dose Medication Order for Plaque Psoriasis/Psoriatic Arthritis

- Dosage and Frequency:
- 100 mg subcutaneously at week 0, 4, then every 8 weeks x 1 year

Additional Instructions/Notes:

Patient IV Access PIV

- Use patient's SL/DL PICC, flush per protocol
- Access/deaccess patient's Port, flush per protocol
- *Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400