INFUSACARE
www.infusacare.com

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

□ T**remfya (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
□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400