

# Guselkumab (Tremfya)

Provider Order Form rev. 10/23/2024

<b>PATIENT INFORMATION</b>		<b>Referral Status:</b> <input type="checkbox"/> New Referral <input type="checkbox"/> Updated Order <input type="checkbox"/> Order Renewal	
Patient Name:		DOB:	Patient Phone:
Patient Address:		Patient Email:	
Allergies:		<input type="checkbox"/> NKDA	Weight (lbs/kg):      Height (in/cm):
Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Date of Last Infusion:	Next Due Date:	Preferred Location:

<b>DIAGNOSIS</b> <i>(Please provide ICD-10 code in space provided)</i>	
Ulcerative Colitis:	
Other:	Description:

**THERAPY ADMINISTRATION & DOSING**

☒ Tremfya 200mg IV in 250ml NS over 1 hour

☒ Only IV induction dosing will be provided. (Subcutaneous doses **WILL NOT BE** provided).

**FREQUENCY**

☒ Induction: week 0, week 4, and week 8

**ADDITIONAL ORDERS**

**PRE-MEDICATION ORDERS**

☐ Tylenol ☐ 500mg / ☐ 650mg PO

☐ Loratadine 10mg PO

☐ Pepcid 20mg ☐ PO / ☐ IVP

☐ Benadryl ☐ 25mg / ☐ 50mg ☐ PO / ☐ IVP

☐ Solumedrol ☐ 40mg / ☐ 125mg IVP

☐ Other: \_\_\_\_\_

**NURSING**

☒ Hold infusion and notify provider for:

- Positive TB test
- Signs or Symptoms of active infection
- Recent live vaccine

☒ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

<b>PROVIDER INFORMATION</b>			
Preferred Contact Name:		Preferred Contact Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State:      Zip Code:

**REQUIRED DOCUMENTATION CHECKLIST** *(Additional documentation required for processing and insurance approval)*

**Required Documentation:** Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with immunosuppressants, biologic agent and steroids, Colonoscopy

<b>Provider Name (print)</b>	<b>Provider Signature</b>	<b>Date</b>
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Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer’s instructions as necessitated by product availability.