Vermont 28 Park Ave Suite #1A Williston, VT 05495





## $TREMFYA \ \, \text{(guselkumab)}$

ORDER FORM

Date:			

Name: Phone: Phone: DOB: SEX: M   F      INKDA   Allergies: PHYSICIAN INFORMATION   Physician Name: Practice Name: Office Contact #: Practice Name: Office Contact #: Phone: Fax: Final (for updates): Office Contact #: Phone: Fax: Final (for updates): Office Contact #: Phone: Fax: Final (for updates): Phone: Phone: Fax: Final (for updates): Phone: Phone: Fax: Final (for updates): Phone: Pho	PATIENT INFORMATION								
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Address:   Office Contact Name:   Office Contact #:   Phone:   Fax:   Email (for updates):									
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New Referral   Referral Renewal   Medication/Order Change   Benefits Verification Only   Discontinuation Order		-							
New Referral   Referral Renewal   Medication/Order Change   Benefits Verification Only   Discontinuation Order	Phone: Fax:	E	mail (for updates):						
TREMFYA: is an interleukin-23 antagonist indicated for the treatment of adult patients with:  * Moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy  * Active postaica carbritis  * Moderately to severely active ulcerative colitis  **DOSAGE AND ADMINISTRATION:  **Recommended Evaluations and Immunizations Prior to Treatment Initiation **Initiation** Complete all age-appropriate vaccinations according to current immunization guitelines (see Warnings and Precautions.  **Recommended Dosage **Plaque Portaiss** **Plaque Portaiss** **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. **Portaite Arthritis** **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. **Portaite Arthritis** **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. **Portaite Arthritis** **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 10, and every 8 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter. **Indication: 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks there	REFERRAL STATUS								
** Active porsionic arthritis**      ** Moderately to severely active ulcerative colitis**  **DOSAGE AND ADMINISTRATION:  **Recommended Evaluations and Immunizations Prior to Treatment Initiation**  **MEVAIULE patients for tuberculosis (TB) infection prior to initiating treatment with TREMEYA**  **Complete all gas-appropriate vaccinations according to current immunization guidelines [see Warnings and Precautions.**  **Recommended Dosage**  **Pague Pouriass**  **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. PREMEYA can be used alone or in combination with a conventional DMARD (e.g., methotrexate).  **URcraifer Collins**  **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. TREMEYA can be used alone or in combination with a conventional DMARD (e.g., methotrexate).  **URcraifer Collins**  **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. TREMEYA can be used alone or in combination with a conventional DMARD (e.g., methotrexate).  **URcraifer Collins**  **100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. TREMEYA Can be used alone or in combination with a conventional DMARD (e.g., methotrexate).  **URcraifer Collins**  **100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter. TREMEYA (e.g., methotrexate).  **URcraifer Collins**  **100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter. TREMEYA (e.g., methotrexate).  **100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter.  **100 mg/mil in a single-dose prefilled syringe.  **100 mg/mil in a s	□New Referral □Referral Renewal □Med	ication/O	rder Change 🗆	Benefits Verification Only	☐Discontinuation Order				
Use the lowest effective recommended dosage to maintain therapeutic response   Subcutaneous injection at Week of the weeks of the wee	<ul> <li>Moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy</li> <li>Active psoriatic arthritis</li> </ul>								
Initiation  *MEvaluate patients for tuberculosis (TB) infection prior to initiating treatment with TREMFYA  *Complete all age-appropriate vaccinations according to current immunization guidelines (see Warnings and Precautions.  *Recommended Dosage *Plaque Psoriasis**  *Recommended Dosage *Plaque Psoriasis**  *100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. IREMFYA can be used alone or in combination with a conventional DMARD (e.g., methotrexate).  *101 Ulcerative Collisi**  *101 Indicated (application) and the subcutaneous injection at Week 16, and every 8 weeks thereafter, or 200 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter.  *100 mg administered by intravenous infusion over at least one hour at Week 0, Week 4, and Week 8.  *100 mg administered by intravenous infusion over at least one hour at Week 10, and every 4 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter, or 200 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter.  *100 mg administered by subcutaneous injection at Week 16, and every 8 weeks freather.  *100 mg administered by subcutaneous injection at Week 17, and every 8 weeks freather.  *100 mg administered by subcutaneous injection at Week 18, and every 8 weeks freather.  *100 mg administered by subcutaneous injection at Week 19, and every 8 weeks freather.  *100 mg administered by subcutaneous injection at Week 19, and every 8 weeks freather.  *100 mg administ	DOSAGE AND ADMINISTRATION:		DOSAGE	FORMS AND STRENGT	THS:				
Dx Code:  Patient Demographics  Insurance Card/Information  Recent labs to include QuantiFERON, and if have CBC, CMP and Hep B surface antigen please send or any other recent labs  Current Medication List  Other  ORDERING PROVIDER	<ul> <li>Initiation</li> <li>MEvaluate patients for tuberculosis (TB) infection prior to treatment with TREMFYA</li> <li>Complete all age-appropriate vaccinations according to immunization guidelines [see Warnings and Precautions.</li> <li>Recommended Dosage</li> <li>Plaque Psoriasis</li> <li>100 mg administered by subcutaneous injection at Wear and every 8 weeks thereafter.</li> <li>Psoriatic Arthritis</li> <li>100 mg administered by subcutaneous injection at Wear and every 8 weeks thereafter. TREMFYA can be used along combination with a conventional DMARD (e.g., methotre Ulcerative Colitis</li> <li>Induction: 200 mg administered by intravenous infusion least one hour at Week 0, Week 4, and Week 8.</li> <li>Maintenance: 100 mg administered by subcutaneous in Week 16, and every 8 weeks thereafter, or 200 mg administured by subcutaneous in guident subcutaneous injection at Week 12, and every 4 weeks the Use the lowest effective recommended dosage to maintain response.</li> <li>CONTRAINDICATIONS:</li> <li>TREMFYA is contraindicated in patients with a history of</li> </ul>	### Maintain Subcutanee   Injection patient-con   Injection (TREMFYA   Injection Intravenou   Injection	maintain therapeutic response  Subcutaneous Injection  Injection: 100 mg/mL in a single-dose One-Press patient-controlled injector.  Injection: 200 mg/2 mL in a single-dose prefilled pen (TREMFYA PEN).  Injection: 100 mg/mL in a single-dose prefilled syringe.  Injection: 200 mg/2 mL in a single-dose prefilled syringe.  Intravenous Infusion  Injection: 200 mg/20 mL (10 mg/mL) solution in a single-dose vial.  DOSAGE  PRE-MEDICATION  Tylenol PO 650mg						
Insurance Card/Information  Recent labs to include QuantiFERON, and if have CBC, CMP and Hep B surface antigen please send or any other recent labs  Current Medication List  Other  ORDERING PROVIDER				REQUIRED DOCUMENTATION CHECKLIST:					
Recent labs to <b>include QuantiFERON</b> , and if have CBC, CMP and Hep B surface antigen please send or any other recent labs  — Current Medication List — Other  ORDERING PROVIDER	Dx Code:	Patier	Patient Demographics						
and Hep B surface antigen please send or any other recent labs  Current Medication List  Other  ORDERING PROVIDER			Insura	ance Card/Information					
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NUMBER OF STREET									

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Provider \_