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ThrIVewell™ INFUSION
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Mission Medical

TREMFYA (guselkumab) ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB: SEX: M ☐ F ☐
☐NKDA Allergies:		Weight lbs/kg:

PHYSICIAN INFORMATION

Physician Name*:	Practice Name:	
Address:	Office Contact Name:	Office Contact #:
Phone: Fax:	Email (for updates):	

REFERRAL STATUS

☐New Referral ☐Referral Renewal ☐Medication/Order Change ☐Benefits Verification Only ☐Discontinuation Order

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 psoriatic arthritis
- Moderately to severely active ulcerative colitis

DOSAGE AND ADMINISTRATION:

Recommended Evaluations and Immunizations Prior to Treatment 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

• 100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter.

Psoriatic Arthritis

• 100 mg administered by subcutaneous injection at Week 0, Week 4, and every 8 weeks thereafter. TREMFYA can be used alone or in combination with a conventional DMARD (e.g., methotrexate).

Ulcerative Colitis

• Induction: 200 mg administered by intravenous infusion over at least one hour at Week 0, Week 4, and Week 8.

• Maintenance: 100 mg administered by subcutaneous injection at Week 16, and every 8 weeks thereafter, or 200 mg administered by subcutaneous injection at Week 12, and every 4 weeks thereafter.

Use the lowest effective recommended dosage to maintain therapeutic response.

CONTRAINDICATIONS:

TREMFYA is contraindicated in patients with a history of serious hypersensitivity reaction to guselkumab or to any of the excipients

ICD-10*: _____

Dx Code: _____

DOSAGE FORMS AND STRENGTHS:

Use the lowest effective recommended dosage to 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

☐ _____ weeks or x 1 year

PRE-MEDICATION

☐ Tylenol PO 650mg ☐1000 MG ☐other _____

☐ Solumedrol 125mg IV ☐other _____

☐ Benadryl ☐25mg ☐50mg ☐other _____ ☐IV ☐PO

☐ Medication _____ Dose _____Route _____

☐ _____ *(other)* ☐ _____ *(other)*

REQUIRED DOCUMENTATION CHECKLIST:

_____ 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

Signature X _____ Date _____ **NPI**_____

Provider _____ Phone _____ Fax _____