

Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067

TREMFYA (guselkumab)

ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> 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

DOSAGE AND ADMINISTRATION:

☐ **Ulcerative Colitis:**

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

Dx Code: _____

☐ **Crohn's Disease:**

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

Dx Code: _____

☐ Other: _____

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 _____