

Hackensack
385 Prospect Avenue
Suite 101
Hackensack, NJ, 07601

Princeton / Somerset
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Marlton
127 Church Road
Suite 600
Marlton, NJ 08053



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 _____