

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



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
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> 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 _____