

TREMFYA® (GUSELKUMAB) PRESCRIBER ORDER FORM

Patient Name: _____ Date of Birth: _____ Gender: _____

Address: _____

Phone: _____ Height: _____ inches cm Weight: _____ lbs kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code: _____

Allergies: NKDA OR (List): _____

TB Status: PPD (negative) – date: _____ Active TB
 Last chest x-ray – date: _____ Unknown
 Quantiferon or T Spot Assay result and date: _____ Past positive TB infection, course taken: _____

TREMFYA® (guselkumab) Prescription

TREMFYA® (guselkumab) refill as directed x 1 year

Ulcerative Colitis and Crohn's Disease

Induction Dose: IV: Infuse 200mg over at least 1 hour at Week 0, Week 4, and Week 8
 SUBQ: Inject 400mg at Week 0, Week 4, and Week 8 (NDC 57894-0651-04 preferred, but not required)

Maintenance Dose: SUBQ: Inject 100mg starting at week 16, and every 8 weeks thereafter
 SUBQ: Inject 200mg starting at week 12, and every 4 weeks thereafter

Other: _____

Plaque Psoriasis and Psoriatic Arthritis

Recommended Dose: SUBQ: Inject 100mg at Week 0, Week 4, and every 8 weeks thereafter

Other: _____

Anaphylaxis Kit

Does this patient require an anaphylaxis kit?
 Yes, with 1st dose Yes, with all doses No

Dosage: • Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SUBQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
• Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
• 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Skilled Nursing to establish peripheral IV access as needed to manage anaphylaxis.

Medication Orders

Other: _____

IV Flush Orders

- Peripheral: NS 2 to 3 mL pre-/post-use.
- Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

Lab Orders

No labs ordered at this time.
 Other: _____

Skilled nurse to administer doses by the ordered route (IV or SUBQ). For SUBQ administration, nurse to assess, administer, and/or teach self-administration where appropriate, and provide ongoing support as needed.

Refill above ancillary orders as directed x 1 year.

If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ Date: _____

Prescriber Information

Prescriber Name: _____ Phone: _____ Fax: _____

Address: _____ NPI: _____

City, State: _____ Zip: _____ Office Contact: _____

Fax completed form, insurance information, and clinical documentation to: **713-983-4647**

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.