

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

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 _____