

Boca Raton  
9980 Central Park Blvd  
Suite 202, N  
Boca Raton, FL 33428



# 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 (TREFYA 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 \_\_\_\_\_