

**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

**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 \_\_\_\_\_