

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