LIFE SPECIALTY SOLUTIONS

TREMFYA IV
(guselkumab)

PATIENT INFORMATION

PATIENT NAME: _____ PHONE #: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ EMAIL: _____

ALLERGIES: ☐ SEE LIST ☐ NKDA WEIGHT: ☐ LB OR ☐ KG

REQUIRED DOCUMENTATION

1. Insurance Card 2. History & Physical 3. Patient Demographics 4. Most Recent Labs 5. Medication List
6. Tried/Failed Therapies 7. Negative TB Results

PRIMARY DIAGNOSIS

☐ K51.00 Ulcerative (chronic) pancolitis without complications ☐ K51.90 Ulcerative Colitis, unspecified without complications

☐ K50.90 Crohn's Disease,Unspecified

☐ Other_____

LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

☑ Per infusion clinic protocol: No recommended standard pre-meds for Tremfya IV.

☐ Provider Prescribed: _____

PRIMARY MEDICATION ORDER

Induction Doses - for Ulcerative Colitis and Crohn's (to be administered in infusion clinic):

☐ Tremfya 200mg IV at Weeks 0, 4, and 8.

Maintenance Doses (to be self-administered by patient) - for Ulcerative Colitis and Crohn's

☐ Infusion clinic will coordinate initial maintenance dose from Specialty Pharmacy:

☐ Tremfya subQ 200mg every 4 weeks ☐ Tremfya subQ 100mg every 8 weeks

☐ Provider's office will coordinate maintenance dose from Specialty Pharmacy. ☐ Other_____

FIRST DOSE?: ☐ Yes ☐ No ☑ Refill x12 months unless otherwise noted. _____

LINE USE/CARE ORDERS

☑ Start PIV/ACCESS CVC ☑ Flush device per Real Medix - Real infusions protocol (See www.realinfusions.com for detailed policy)

☐ Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

☑ Administer acute infusion and anaphylaxis medications per Real Medix - Real infusions protocol (See www.realinfusions.com for detailed policy)

☐ Other: (Please fax other reaction orders if checking this box)

PRESCRIBER INFORMATION

PROVIDER NAME: _____ PHONE: _____

OFFICE CONTACT: _____ FAX: _____

ADDRESS: _____ EMAIL: _____

CITY, STATE, ZIP: _____ NPI AND LICENSE: _____

✖ _____ _____

PROVIDER SIGNATURE DATE