

TREMFYA IV

(guselkumab)

FLEXCARE
INFUSION CENTERS

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List ☐ NKDA ☐	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Medication List
- Tried/Failed Therapies
- Negative TB Results
- Liver Enzymes and Bilirubin Levels

PRIMARY DIAGNOSIS

- | | |
|---|---|
| ☐ K50.00 Crohn's disease of small intestine without complications | ☐ K50.90 Crohn's disease, without complication |
| ☐ K50.019 Crohn's disease of small intestine with unspecified comps | ☐ K50.919 Crohn's disease, unspecified, with unspecified comps |
| ☐ K50.10 Crohn's disease of large intestine without complications | ☐ K51.00 Ulcerative (chronic) pancolitis without complications |
| ☐ K50.119 Crohn's disease of large intestine with unspecified comps | ☐ K51.90 Ulcerative colitis, unspecified without complications |
| ☐ K50.80 Crohn's disease of both small and large int without complications | ☐ Other: _____ |
| ☐ K50.819 Crohn's disease of both small and large int w/unsp comp | |

LAB 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.
- ☐ Provider Prescribed: _____

PRIMARY MEDICATION ORDER

Induction (to be administered in infusion clinic):

- ☐ Tremfya 200mg IV at Weeks 0, 4, and 8
- ☐ Other: _____

Maintenance (to be self-administered by patient at home):

- ☐ Tremfya 100mg subQ at Week 16 and every 8 weeks thereafter
- ☐ Tremfya 200mg subQ at Week 12, and every 4 weeks thereafter
- ☐ Other: _____

- ☐ Infusion Clinic will coordinate initial maintenance dose from Specialty Pharmacy
- ☐ Provider's Office will coordinate maintenance dose from Specialty Pharmacy

First Dose: ☐ Y ☐ N ☒ Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

- ☒ Start PIV/ACCESS CVC ☒ Flush device per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- ☐ Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- ☒ Administer acute infusion reaction and anaphylaxis medications per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- ☐ Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	☐ Fax:
NPI AND License:	☐ Email:

Provider Signature

Date

FAX: (888) 219-8102 | EMAIL: orders@flexcareinfusion.com | VISIT: flexcareinfusion.com/referrals

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