ALLIED INFUSION SERVICES

Tremfya (guselkumab) Order

Phone: 713-222-2364 or 1-888-538-0060
Fax: 832-698-3961

Patient Information

Name:
DOB:
Address:
City: State:
Zip: Weight:
Phone:
Allergies:

Prescriber Information

Prescriber Name:
NPI:
Address:
City:
State: Zip:
Phone:

Diagnosis (please provide ICD-10 code in space provided):

☐ Ulcerative Colitis K51

☐ Other:

Nursing Orders: Hold infusion and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles

If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Premedications:

☐ Tylenol 650mg PO ☐ Loratadine 10mg PO ☐ Benadryl 25mg IV or PO ☐ Solu-Medrol 40mg, 125mg or ☐ mg
☐ Other:

Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

Tremfya IV	☐ Tremfya 200mg IV every 4 weeks X 3 infusions ☐ Other: Mixed in 250ml 0.9% Sodium Chloride. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 0.2 micron). Infused over a minimum of 60 minutes.

Prescriber Name (Please print):
Prescriber Signature: Date:

Please include a copy of the latest insurance information as well as all applicable clinical notes.
Email to: orders@alliedinfusion.com Fax to: 832-698-3961

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.