

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG

ALLERGIES: _____ PREFERRED CLINIC: _____

REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

*PLEASE COMPLETE ICD-10 FOR SPECIFIC DIAGNOSIS

K50. _____ Crohn's disease

K51. _____ Ulcerative Colitis

ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

Insurance Information

List of Medications

Tried & Failed Therapies

Most Recent History & Physical

Negative TB Screening

Baseline Liver function panel & bilirubin

MEDICATION ORDER

Tremfya® (guselkumab) 200 mg IV in 250 ml NS over 60 minutes at week 0, week 4 and week 8

Patient to be observed for 30 minutes following the first administration. Administer per protocol. In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRE-MEDICATIONS

PO

Acetaminophen: 650 mg

Cetirizine: 10 mg

Diphenhydramine: 25 mg

IV

Methylprednisolone: 125 mg

Diphenhydramine: 25 mg

OTHER: _____ PO IV

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____
(IF APPLICABLE)

SIGNATURE: _____ DATE: _____
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN