

## TREMFYA (guselkumab) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ M ☐ F

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis *(please provide ICD-10 code):*

☐ \_\_\_\_\_ Ulcerative Colitis (UC) ☐ \_\_\_\_\_ *(other)*

### Pre-Medication:

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP  
☐ Cetirizine 10mg PO ☐ Solu-Cortef 100mg IVP  
☐ Diphenhydramine 25mg PO ☐ Diphenhydramine 25mg IVP  
☐ Other: \_\_\_\_\_

### Required Documents:

- ☒ Patient Demographic Sheet  
☒ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*  
☒ TB Status & Date *(please attach results)*

### TREMFYA ORDERS:

#### Initial Induction Dosing & Frequency for Indication of Ulcerative Colitis:

- ☒ Dilute in 250 ml 0.9% sodium chloride, administer IV over at least 1 hour using 0.2-micron filter  
☐ 200mg @ week 0, 4, and 8  
☐ Other: \_\_\_\_\_

*\*follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order.*

### Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_