



## Guselkumab (Tremfya)

### Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

### Diagnosis Code/Description for treatment:

Adult Crohn Disease (K50.00)  
 Adult Ulcerative Colitis (K51.00)

### Laboratory

CBC WITH DIFFERENTIAL       COMPREHENSIVE METABOLIC PANEL  
Other: \_\_\_\_\_

### Orders

Initiate IV Vascular Access Flush Orders #0643 for:  Peripheral Line  Midline  PICC  Port  
 Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

### Infusion – Guselkumab (Tremfya) [J1628 : 1 MG = 1 unit]

Guselkumab (Tremfya) 200 MG diluted in 0.9% Normal Saline Solution to a final volume of 250 mL INTRAVENOUS ONCE over 60 minutes.

Date of Service: First Dose (\_\_\_\_\_) next initial dose 4 weeks after first initial dose, then 3<sup>rd</sup> dose is 8 weeks after first initial dose. If patient tolerates doses, may begin self-administering maintenance dosing at week 16.

### Infusion Reaction

If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

### Discharge

Discharge home 30 minutes after treatment complete if stable.

### Date and Physician Signature

DATE: \_\_\_\_\_  
11232512

TIME: \_\_\_\_\_

Page 1 of 1

**PHYSICIAN'S SIGNATURE**

**DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES**