Agile Infusion Services LLC
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TREMFYA IV MEDICATION ORDER

This order is only for the infusion version of Tremfya, not the injectable version.

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ *Patient's weight in pounds* _____

■ Diagnosis

These diagnoses are all without complications. For with complications please change last digit from 0 to 1.

☐ K50.00 Crohn's disease of sm intestine w/o comp
☐ K50.10 Crohn's disease of lg intestine w/o comp
☐ K50.80 Crohn's disease of both int w/o comp
☐ K50.90 Crohn's disease unspecified w/o comp
☐ K51.00 UC pancolitis w/o comp
☐ K51.20 UC proctitis w/o comp
☐ K51.30 UC rectosigmoiditis w/o comp
☐ K51.50 Left-sided colitis w/o comp
☐ K51.80 Other UC w/o comp
☐ K51.90 UC unspecified w/o comp

■ Details Needed for Approval

- How is the patient's UC classified? Circle one: Mild Moderate Moderate-to-Severe Severe
- Provide evidence of no latent TB within 3 months or, if positive, document start of anti-TB therapy.
- Provide patient's vaccination history.
- Has the patient tried another systemic therapy that is FDA labeled for this condition? _____
- Has the patient had an inadequate response to a conventional agent (such as azathioprine or corticosteroids) after therapy lasting at least three (3) months? _____
- Does the patient have pouchitis? _____
- Has the patient tried an antibiotic, probiotic, corticosteroid enema or mesalamine enema? _____
- Is the patient planning to concurrently receive another biologic? _____

If you answered 'Yes" to any of the above questions, please provide us with comprehensive chart notes regarding those items.

■ IV Tremfya (guselkumab) Induction Order

☐ 200mg administered by IV over at least one hour three (3) times, at Weeks 0, 4 and 8

Administer according to manufacturer's instructions. Post infusion flush line. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including Diphenhydramine, Methylprednisolone, Albuterol and oxygen as needed. Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.