

ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN

Allergies/Reactions:

Fax all infusions to: 833-380-8800
Please mark the appropriate infusion center:

- Allenmore Infusion Center
Auburn Infusion Center
Gig Harbor Infusion Services
Puyallup Infusion Center
DHEC Infusion Center
North Spokane Infusion Center
North Star Lodge Infusion Center

ORDERS WITH CHECK BOXES

When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

Guselkumab (Tremfya):

Patient Name: Requested Date of Service:

Date of Birth: Patient Phone Number: May leave message

Diagnosis:

- Plaque psoriasis
Other

ICD -10 Code:

- L40.0

Required: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs

If required documentation not received with order, scheduling of treatment will be delayed until complete information is available

Baseline Labs Required:

- CBC / CMP
TB test prior to initiation
HBV screening
HCV screening
HIV screening

Maintenance Labs Required:

- TB annually
CBC / CMP annually

Treatment Regimens:

Guselkumab (Tremfya) Given SQ:

- 100 mg SQ at week 0, week 4, then every 8 weeks
100 mg SQ every 8 weeks

Vital signs: Check vital signs prior to and after injection.

Contact provider if systolic BP>180; diastolic BP>100; systolic BP<90; HR >110; temp >38C (100.4F)

If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.)

- Consult MultiCare Hypersensitivity guideline for treatment/management
Notify provider of reaction, assessment and need for further orders

Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.

Was consent obtained: Yes No (if yes, please send DOCUMENTATION of consent with order)

Provider Signature

Print Name

Date

Time

Another brand of drug, identical in form and content, may be dispensed unless checked

Orders expires in 12 months**

Patient Identification - Always Attach Patient Label

Name:
MRN #:
CSN #:
Age / Sex and Gender:

Pre-printed Order
GUSELKUMAB (Tremfya) INFUSION

