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## Tremfya® (Guselkumab) Order Form

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

### Induction dosing (Ulcerative colitis only):

Guselkumab 200 mg IV over 1 hour at weeks 0, 4, and 8

(Followed by home subcutaneous maintenance dosing)

### Monitoring:

Last date and type of TB test: \_\_\_\_\_ (please fax copy of results with order)

Last date of hepatitis B & C panel: \_\_\_\_\_ (please fax copy of results with order)

Patients should also have recent CBC w/diff and LFTs on file (please fax copy of results with order)

Labs: \_\_\_\_\_

Lab Frequency: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\*\*urine hCG screening will be completed onsite prior to treatment where appropriate

\*\*Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port\*\*

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_