



Nucara Pharmacy Nucara Infusion Center
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Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

TREMFYA (Guselkumab) Orders

Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, diagnostic results
- Required Labs: TB & Hep B screening

Primary Diagnosis:

- Ulcerative Colitis(ICD-10: _____)
- Psoriatic Arthritis (ICD-10 : _____)
- Plaque Psoriasis (ICD-10 : _____)

TREMFYA ORDERS

Ulcerative Colitis Induction IV dose:

200mg on weeks 0, 4, 8

Ulcerative Colitis Maintenance SQ dose:

100mg every 8 weeks beginning at week 16
 200mg every 4 weeks beginning at week 12

Psoriatic Arthritis or Plaque Arthritis SQ dose:

100mg at weeks 0, 4, and then every 8 weeks

Administered per manufacturer guidelines

Date of Last Tremfya: _____

PRE-MEDICATIONS

PO Tylenol _____mg

PO Cetirizine _____mg

IV Solu-medrol _____mg

PO Loratadine _____mg

PO IV Diphenhydramine _____mg

PO IV Other: _____mg

LABS

CBC

ESR

Uric Acid

Frequency:

Every Visit

CMP

TB Quantiferon Gold

Other: _____

Every Other Visit

CRP

Hep B Core/Surface AG

Other: _____

One time only

Other: _____

CPL Acct #: _____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: