



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location:
 Merrimack, NH
 Concord, NH

Tremfya® (guselkumab) Order Set

Diagnosis (please provide ICD-10 code in space provided):

_____ Plaque Psoriasis Other: _____
 (ICD-10) (ICD-10) (description)

Nursing Orders:

- Hold injection and notify provider for:
 - Signs or symptoms of illness or active infection
 - Cough, night sweats, unexplained weight loss
 - Planned/recent surgical procedures
 - Recent live vaccinations

Administer **Tremfya 100mg/1 ml subcutaneously** in the upper arm, abdomen or upper thigh. Avoid administering injection in areas affected by psoriasis.

Observation Period:

- Following initial Tremfya injection, observe patient for 15 minutes for hypersensitivity. Patients who have previously tolerated Tremfya do not require observation period.
- If reaction occurs, initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.

Frequency (chose one):

- On Week 0, Week 4, then every 8 weeks Every 8 weeks
- Other: _____

Additional Orders:

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____