

| INFUSION SUITE  |  | TREMFYA INFUSION ORDERS                             |  |
|---|--|---|--|
| Durango Infusion Center<br>270 E 8th Ave Ste N101 Durango, CO 81301      Phone: 970-828-3500    Fax: 970-828-3501                 |  |   |  |
| <b>PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards</b>                                |  |   |  |
| Name:   |  | DOB:  |  |
| <b>MEDICAL INFORMATION</b>  |  |   |  |
| ICD10 / Diagnosis:  |  | Height:   |  |
| Allergies / Hypersensitivities:   |  | Weight (kg):  |  |
|   |  | *Weigh patient at each visit                        |  |
| <b>REQUIRED CLINICAL DOCUMENTATION</b>  |  |   |  |
| <input type="checkbox"/> TB   |  |   |  |
| Additional labs:  |  |   |  |
| <input type="checkbox"/> Insert IV  |  | <input type="checkbox"/> Access Port/PICC           |  |
| <b>PREMEDICATIONS      30 minutes prior to starting</b>   |  |   |  |
| <input type="checkbox"/> Acetaminophen:   | <input type="checkbox"/> 325mg PO X1           | <input type="checkbox"/> 500mg PO X1                | <input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1 |
| <input type="checkbox"/> Diphenhydramine:   | <input type="checkbox"/> 25mg IV X1            | <input type="checkbox"/> 25mg PO X1                 | <input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1    |
| <input type="checkbox"/> Solumedrol:  | <input type="checkbox"/> 40mg IV X1            | <input type="checkbox"/> 100mg IV X1                | <input type="checkbox"/> 125mg IV X1                                       |
| <input type="checkbox"/> Antihistamine  | <input type="checkbox"/> Cetirizine 10mg PO X1 |   | <input type="checkbox"/> Loratadine 10mg PO X1                             |
| <input type="checkbox"/> Additional PRN:  |  |   |  |
| <b>ORDERS</b>   |  |   |  |
| <input type="checkbox"/> Tremfya 200 mg IV in 250mL NS over at least one hour at Week 0, 4, and 8                                 |  |   |  |
| <b>POST INFUSION</b>  |  |   |  |
| <input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.   |  |   |  |
| <input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess |  |   |  |
| <input type="checkbox"/> Discharge home   |  |   |  |
| Signature:  |  | Date:   |  |
| Provider Name/Credentials: <input type="checkbox"/>   |  | Provider Phone:                                     |  |
| Provider Name/Credentials: <input type="checkbox"/>   |  | Provider Name/Credentials: <input type="checkbox"/> |  |
| Provider Name/Credentials: <input type="checkbox"/>   |  | Provider Name/Credentials: <input type="checkbox"/> |  |
| Provider Name/Credentials: <input type="checkbox"/>   |  | Provider Name/Credentials: <input type="checkbox"/> |  |

**Infusion Directions:**

- Withdraw and discard 20 mL of the NS from the 250 mL infusion bag which is equal to the volume of Tremfya to be added
- Withdraw 20 mL of Tremfya from the vial and add it to the 250 mL IV infusion bag for a final concentration of 0.8 mg/mL.
- Gently mix the diluted solution. Discard the vial with any remaining solution.
- Infuse over 60 minutes using an infusion set with a 0.2 or 0.22 micron in-line filter