

Tildrakizumab-asmn (Ilumya)

Provider Order Form rev. 10/30/2023



PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____
Patient Address: _____ Patient Email: _____
Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____
Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS *(Please provide ICD-10 code in space provided)*

Plaque Psoriasis: _____
Other: _____ Description: _____

REQUIRED INFORMATION

TB status & date (list results here & attach clinicals)

THERAPY ADMINISTRATION & DOSING

Administer Ilumya 100mg/1mL subcutaneously in the upper arm, abdomen, or upper thigh.

FREQUENCY *(Choose one)*

Induction: week 0, week 4, followed by every 12 weeks
 Maintenance: every 12 weeks
 Other: _____

ADDITIONAL ORDERS

LABORATORY ORDERS

Other: _____

PRE-MEDICATION ORDERS

Other: _____

NURSING

Hold infusion and notify provider if:

- patient reports current infection.
- patient reports recent live vaccine.
- patient reports pregnant or breast feeding.
- Patient must be monitored after the first infusion for 15mins. If no reaction occurs, no further observation required.

Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECKLIST *(Additional documentation required for processing and insurance approval)*

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications, BSA affected

Required Labs: Negative TB within 12 months, CRP

Provider Name *(print)* _____ Provider Signature _____ Date _____

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.