Tildrakizumab-asmn (Ilumya)

Provider Order Form rev. 1/23/2025

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)*

☐ L40. ___: 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.