



**Tildrakizumab (Ilumya)**

**Patient and Physician Information**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:**

- ☐ Psoriasis vulgaris (L40.0)
- ☐ Psoriasis, unspecified (L40.9)

**Injection – Tildrakizumab (Ilumya) [J3245 : 1 MG = 1 Unit]**

**Initial Dose – 2 doses: First Dose Given: \_\_\_\_\_ Second dose 4 weeks after first dose.**

- ☒ Tildrakizumab (Ilumya) 100 MG SUBCUTANEOUSLY ONCE

**Maintenance Dose – Starts 12 weeks after second initial dose given.**

- ☒ Tildrakizumab (Ilumya) 100 MG SUBCUTANEOUSLY ONCE EVERY 12 WEEKS

**Discharge**

- ☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

**DATE:** \_\_\_\_\_  
10612512

**TIME:** \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**