

Tildrakizumab (Ilumya)
Patient and Physician Information

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

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: _____

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PHYSICIAN'S SIGNATURE

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES