Ilumya (Tildrakizumab-asmn)

Infusion Order Form – Page 1 of 1

Preferred Clinic Location

☐ **Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758
P: (855) 481-8375
F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

Provider Information

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list

Supporting clinical notes (H&P) to support primary diagnosis:

- TB status & date (list results here & attach clinicals)
- Moderate-to-severe plaque psoriasis
- % BSA affected and areas involved
- List tried and failed therapies, including duration of treatment (include phototherapy, biologicals, DMARD, topicals

1._____ 2._____ 3._____ 4._____

Orders

NURSING

☑ Nursing care per Harbor Health Nursing Procedures and Harbor Health Adverse Reaction Management Protocol.

☑ Verify TB status

PRE-MEDICATION

(Administer 30 minutes prior to procedure)

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV

☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV

☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV

☐ Other: _____

Dose: _____ Route: _____ Frequency: _____

THERAPY

☑ **Tildrakizumab-asmn** (Ilumya)

- Dose: 100mg
- Route: subcutaneous injection
- Frequency: ☐ weeks 0, 4, and then every 12 weeks thereafter / ☐ every 12 weeks

☐ Duration of therapy: ☐ x 6 months / ☐ x 1 year

☐ Number of doses: _____

☐ Patient is required to stay for 30-minute observation

**Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with ILUMYA. Initiate treatment of latent TB prior to administering ILUMYA*

Provider Name (Print): Provider Signature: Date:

Harbor Health