

Tildrakizumab-asmn (Ilumya)



Provider Order Form rev. 10/12/2022

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

| | | |
|---|----------------------|----------------|
| Date: | Patient Name: | DOB: |
| ICD-10 code (required): | ICD-10 description: | |
| <input type="checkbox"/> NKDA Allergies: | Weight (lbs/kg): | Height: |
| Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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: |

NURSING

- TB status & date (list results here & attach clinicals)
- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

THERAPY ADMINISTRATION

- Tildrakizumab-asmn (Ilumya)**
 - Dose: 100mg
 - Route: subcutaneous injection
 - Frequency: weeks 0, 4, and then every 12 weeks thereafter / every 12 weeks
- Patient is required to stay for 30-minute observation
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

* 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 _____

FAX NUMBERS

- | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|--|--|---|---|--|---|---|--|---|--|--|
| <input type="checkbox"/> BAY AREA: 844-889-0275 | <input type="checkbox"/> CHICAGO: 312-253-7244 | <input type="checkbox"/> COLUMBUS: 844-627-2675 | <input type="checkbox"/> DAYTONA: 386-259-6096 | <input type="checkbox"/> CINCINNATI: 844-946-0868 | <input type="checkbox"/> FT. LAUDERDALE: 754-946-2052 | <input type="checkbox"/> HARRISBURG: 844-859-4235 | <input type="checkbox"/> INDIANAPOLIS: 844-983-2028 | <input type="checkbox"/> JACKSONVILLE: 904-212-2338 | <input type="checkbox"/> KANSAS CITY: 844-900-1292 | <input type="checkbox"/> ORLANDO: 844-946-0867 | <input type="checkbox"/> PALM BEACH: 561-768-9044 | <input type="checkbox"/> PHILADELPHIA: 844-820-9641 | <input type="checkbox"/> RALEIGH: 919-287-2551 | <input type="checkbox"/> SARASOTA: 941-870-6550 | <input type="checkbox"/> SOUTHWEST FL: 813-283-9144 | <input type="checkbox"/> TAMPA: 844-946-0849 | <input type="checkbox"/> WEST TN/AR: 888-615-1445 | <input type="checkbox"/> MIDDLE TN: 888-615-1445 | <input type="checkbox"/> EAST TN: 615-425-7427 |
|---|--|---|--|---|---|---|---|---|--|--|---|---|--|---|---|--|---|--|--|