

Infusion Center	ap	Fountains Infusion Center
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## ILUMYA (TILDRAKIZUMAB-ASMN) MEDICATION ORDERS

## \*\*REQUIRED INFORMATION\*\*

- □ This signed order form from the provider
- □ Patient demographics & insurance information
- □ Clinical/Progress Notes, Labs & Tests supporting primary diagnosis (ICD-10 below)
- □ TB documentation
- □ **TB Protocol:** Baseline testing: Quanitiferon Gold (QFT Gold) or PPD. □Yearly TB Screening (Optional)

Patient Name:       DOB:         Allergies:       Patient Phone:         Diagnosis:       □ Plaque Psoriasis (ICD-10 Code)       J Code: J3245         Pt. Weightkg       Ilumya:       □ 100mg SubQ injection at week 0, and week 4 then every 12 weeks         □ Other:       □ Other:						
Diagnosis:       □ Plaque Psoriasis (ICD-10 Code)       J Code: J3245         Pt. Weight kg       Ilumya:       □ 100mg SubQ injection at week 0, and week 4 then every 12 weeks	Patient Name:	DOB:				
Pt. Weight kg Ilumya: □ 100mg SubQ injection at week 0, and week 4 then every 12 weeks	Allergies:	Patient Phone:				
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Ilumya: D 100mg SubQ injection at week 0, and week 4 then every 12 weeks	Diagnosis:   Plaque Psoriasis (ICD-10 Code	_) J Code: J3245				
	Pt. Weight kg					
Other:	Ilumya: D 100mg SubQ injection at week 0, and week 4 then every 12 weeks					
	Other:					

## **Additional Instructions:**

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	