

PATIENT INFORMATION

Name: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____ Phone: _____ Allergies: _____
 City, State, Zip: _____ Email: _____

REFERRAL STATUS

New Referral Dose or Frequency Change Order Renewal

Is this the first dose? Yes No, date of last infusion: _____ Line type: PIV PICC Port Other

DIAGNOSIS AND ICD-10 CODE

Moderate to Severe Plaque Psoriasis ICD-10 Code: _____
 Other: _____ ICD-10 Code: _____

REQUIRED DOCUMENTATION

- | | |
|---|--|
| <input type="checkbox"/> This signed order form by the provider | <input type="checkbox"/> H&P and Clinical/Progress notes supporting primary diagnosis |
| <input type="checkbox"/> Patient demographics AND insurance information | <input type="checkbox"/> Labs and Tests supporting primary diagnosis |
| <input type="checkbox"/> % BSA affected and areas involved | <input type="checkbox"/> Psoriasis Area and Severity Index (PASI) or Physician Global Assessment Score, if available |
| <input type="checkbox"/> TB Test Results | |
| <input type="checkbox"/> Hepatitis B lab results | |

List Tried & Failed Therapies, including duration of treatment (include phototherapy, biologic, DMARD, topicals):

- 1)
- 2)
- 3)
- 4)

MEDICATION ORDERS

Initial Dosing	<input type="checkbox"/> Ilumya 100 mg subQ at week 0 and 4, then every 12 weeks thereafter
Maintenance Dosing	<input type="checkbox"/> Ilumya 100 mg subQ every 12 weeks

Refills*: X 6 months X 1 Year Other: _____

- RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration
 RN to flush and lock VAD/CVAD per company protocol:

Other: _____

PREMEDICATION ORDERS

<input type="checkbox"/> Acetaminophen 650mg PO prior to infusion	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Diphenhydramine 25mg PO prior to infusion	<input type="checkbox"/> Other: _____

EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins
 Acetaminophen 325mg-650mg PO
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.3mg IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO
 Diphenhydramine 25mg slow IV push over 2-5 mins
 Acetaminophen 325mg PO
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

PRESCRIBER INFORMATION

Prescriber Name: _____ NPI Number: _____
 Office Phone: _____ Office Fax: _____
 Prescriber Signature: _____ Date: _____