



(tildrakizumab)

ILUMYA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Plaque Psoriasis

Psoriasis Vulgaris

Psoriasis Unspecified

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

ILUMYA ORDERS

DOSAGE	PATIENT WEIGHT
100mg SQ - Dose at 0, 4, then every 12 weeks	lbs.
	kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax