

# Ilumya

(tildrakizumab)

## Injection Order



249 Danbury Rd, Wilton, CT 06897  
400 Columbus Ave, Valhalla, NY 10595  
127 Washington Ave, N. Haven, CT 06473  
220 Farmington Ave, Farmington, CT 06032  
Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD- 10: \_\_\_\_\_

**Please fax patient's demographic, clinical notes and TB test result with this completed form**

### PRE-TESTS

TB-PPD / QuantiFERON Test Date: \_\_\_\_\_

Result: \_\_\_\_\_

### ILUMYA ORDER

#### DOSAGE

100mg SQ at weeks 0 and 4, then every 12 weeks

Patient Weight: \_\_\_\_\_ lbs \_\_\_\_\_ kg

100mg SQ every 12 weeks (*maintenance dose*)

Height: \_\_\_\_\_ ft \_\_\_\_\_ in

### NOTES:

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_