

PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M / F

Ht: \_\_\_\_\_ WT: \_\_\_\_\_ lbs / kg Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Patient Preferred Location:**  Staten Island  West Harrison  Manhattan  New Paltz  NOMAD  Syosset  
 Port Jefferson  Millburn  Brooklyn Heights  Paramus

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

**ICD 10 Code (PROVIDE COMPLETE CODE)**

L40.0 Psoriasis Vulgaris

Other: \_\_\_\_\_  
 \_\_\_\_\_

**Prescribing Information**

Dosing exceeding 100 mg is not recommended in Psoriasis patients.

Dosing should not be administered less than every 12 weeks.

**REQUIRED:** Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

**NOTE:** Hepatitis B within 3 years, Negative TB within 12 months.

PRESCRIPTION

**Pre-Medications**

Tylenol 650mg PO  Benadryl 25mg IVP  Pepcid 20mg IVP  
 Zyrtec 10mg PO  Benadryl 50mg PO  Solu-medrol 125mg IVP  
 Claritin 10mg PO  Benadryl 50mg IVP  Solu-medrol 250mg IVP  
 Benadryl 25mg PO  Pepcid 20mg PO  Solu-medrol 500mg IVP

Other: \_\_\_\_\_

**Pre Labs:**

CBC  Iron Panel  
 CMP  Vitamin D  
 CRP  Other \_\_\_\_\_  
 ESR

**Ilumya (Tildrakizumab-asmn)**

Loading Dose:

Inject 100 mg at weeks 0 and 4

Maintenance Dose:

Inject 100 mg every 12 weeks

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

In the event of an adverse reaction occurring at a Specialty Infusion suite, utilize the Specialty Infusion adverse reaction protocol.

**Comments:** \_\_\_\_\_

PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervising Provider (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_ NPI#: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_ (If Applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_