

# Physician's Orders

## TILDRAKIZUMAB-ASMN (ILUMYA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

- ☐ Interval: **INDUCTION** – Every 28 days x 2 treatments
- ☐ Interval: **MAINTENANCE** – Every 84 days

Duration:

- ☐ Until date: \_\_\_\_\_
- ☐ 1 year
- ☐ \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

#### Provider Specialty

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

#### Site of Service

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> CH Gerber           | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock   | <input type="checkbox"/> CH Greenville |
| <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington          | <input type="checkbox"/> CH Reed City | <input type="checkbox"/> CH Zeeland    |
| <input type="checkbox"/> CH Blodgett (GR)    |  |                                       |  |

#### Appointment Requests

- ☒ **Infusion Appointment Request**  
 Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.

#### Safety Parameters and Special Instructions

- ☒ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**  
 TILDRAKIZUMAB-ASMN (ILUMYA):  
 Monitor for latent tuberculosis screening (prior to initiating and periodically during therapy); signs and symptoms of infection, including active tuberculosis (during and after treatment).
- ☒ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**  
 Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES
- ☒ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**  
 TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

#### Labs

- |  | Interval | Duration    |
|--|----------|-------------|
| <input checked="" type="checkbox"/> <b>Arrange For Patient To Have Id Tb Skin Test Administered And Read OR Serum Tb Screening Lab Prior To Therapy or Annually</b>                                      |          |             |
| <input type="checkbox"/> <b>ONC PROVIDER REMINDER 28</b><br>Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually. | Once     | 1 treatment |
| <input type="checkbox"/> <b>TB Screen (Quantiferon Gold)</b><br>Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous  | Once     | 1 treatment |

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**



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CSN

☐ Labs: \_\_\_\_\_ Every \_\_\_\_\_ days Until date: \_\_\_\_\_  
Once 1 year  
\_\_\_\_\_ # of Treatments

## Nursing Orders

-  **ONC NURSING COMMUNICATION 100**  
May Initiate IV Catheter Patency Adult Protocol

- |                                     |   |   |                    |
|-------------------------------------|---|---|--------------------|
| <input checked="" type="checkbox"/> | Hypersensitivity Reaction Adult Oncology Protocol | S | Until<br>discont'd |
|-------------------------------------|---|---|--------------------|

Routine, Until discontinued Starting when released for 24 hours  
HYPERSENSITIVITY REACTIONS:  
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record.  
Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug  
Reaction form per Pharmacy Clinical Policy.

## Treatment Parameters

- ✓ ONC MONITORING AND HOLD PARAMETERS 4**  
May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.

## Medication

- ☒ tildrakizumab-asmn (ILUMYA) 100 MG/ML subcutaneous prefilled syringe 100 mg  
100 mg, Subcutaneous, Once, Starting S, For 1 Doses  
Monitor for signs of hypersensitivity reaction.

**Confidentiality of this medical record** shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Telephone order/Verbal order documented and read-back completed. Practitioner's initials \_\_\_\_\_

**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:	
TIME	DATE	TIME	DATE	TIME	DATE      Pager #
	Sian	R.N. Sian		Physician Print	Physician Sian

**EPIC VERSION DATE:** 09/13/20