Spectrum Health

Physician's Orders TILDRAKIZUMAB-ASMN (ILUMYA) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

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

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

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
☑ **Arrange For Patient To Have Id Tb Skin Test Administered And Read OR Serum Tb Screening Lab Prior To Therapy or Annually**		
☐ ONC PROVIDER REMINDER 28 Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	Once	1 treatment
☐ TB Screen (Quantiferon Gold) 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.***

Patient Name

DOB

MRN

Physician

FIN

☐ Labs: _____ ☐ Every ___days ☐ Once ☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

Nursing Orders

☑ ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

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.

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

EPIC VERSION DATE: 09/13/20

