



**Atrium Health Infusion  
Center**

Referral Status:	<input type="checkbox"/> New Start <input type="checkbox"/> Order Change <input type="checkbox"/> Renewal
Preferred Location:	<input type="checkbox"/> Atrium Health Infusion Center Concord <b>Fax:</b> 704-468-3401 <input type="checkbox"/> Atrium Health Infusion Center Pineville <b>Fax:</b> 704-468-3401 <input type="checkbox"/> Atrium Health Infusion Center Southpark <b>Fax:</b> 704-468-3401 <input type="checkbox"/> Atrium Health Infusion Center Huntersville <b>Fax:</b> 704-468-3401 <input type="checkbox"/> Atrium Health Infusion Center Kenilworth, a facility of CMC <b>Fax:</b> 704-512-5390 <input type="checkbox"/> Atrium Health Infusion Center Abbey Place, a facility of CMC <b>Fax:</b> 704-512-5390 <input type="checkbox"/> Atrium Health Infusion Center Cabarrus, a facility of CMC <b>Fax:</b> 704-512-5390

**Ilumya® (tildrakizumab-asmn) Injection Order (Revised 10/16/2025)**

All orders with a √ will be placed.

<b>Patient Demographics:</b>		
Patient Name:	Date of Birth:	MRN:
Address:		
City:	State:	Zip Code:
Allergies: (please list all allergies or attach list) <input type="checkbox"/> NKDA		
<b>Diagnosis: (Complete the 2nd and/or 3rd Digits of the ICD-10)</b>		
<input type="checkbox"/> L40.0 - Psoriasis Vulgaris	<input type="checkbox"/> Other:	
<b>Required Documentation: (required prior to scheduling )</b>		
Patient Demographic Sheet	If the patient is new to the ordered therapy, indicate washout from previous therapy:	
Copy of Insurance Card (front and back)		
Most Recent Labs ( <i>must include labs pertinent to medication ordered</i> )	<input type="checkbox"/> No Washout Needed	
Consult Note or last 2 Office Visits with referring provider or APP	If the patient is currently on the therapy, indicate date of last infusion:	
Complete Medication List - Include all tried and failed meds	Next infusion due date:	
Diagnostic Studies Pertinent to Medication Ordered	If this is an order change only, indicate if the current therapy should be administered until <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Treatment Parameters:</b>		
<input checked="" type="checkbox"/> Required Lab Results: PPD/Quantiferion Gold PRIOR to first injection ( <b>Fax labs with order</b> )		
<input checked="" type="checkbox"/> Notify provider IF: - PPD/Quantiferion Gold: POSITIVE result or not on file		
<b>Nursing Communication:</b>		
<input checked="" type="checkbox"/> Allow syringe to sit at room temperature for 30 minutes prior to administration.		
<input checked="" type="checkbox"/> Obtain vital signs PRE-injection and obtain vital signs POST-injection PRN.		
<input checked="" type="checkbox"/> Monitor patient for signs of reaction for 30mins after completion of 1st injection and subsequent injections PRN if previous signs of reaction observed.		
<b>Infusion Therapy:</b>		
<input type="checkbox"/> Tildrakizumab-asmn (Ilumya) 100mg SC week 0, week 4, then		
<input type="checkbox"/> Tildrakizumab-asmn (Ilumya) 100mg SC every 12 weeks (84 days)		
<b>Supportive Care Medications:</b>		
<input checked="" type="checkbox"/> Acetaminophen (Tylenol) 500mg PO every 4 hours PRN for mild pain (1-3), moderate pain (4-6). Give first.		
<input checked="" type="checkbox"/> Ibuprofen (Motrin) 800mg PO ONCE PRN for mild pain (1-3) or moderate pain (4-6). Give second after acetaminophen.		
<input checked="" type="checkbox"/> Ondansetron (Zofran-ODT) 4mg PO every 3 hours PRN for nausea/vomiting.		
<b>Hypersensitivity Protocol:</b>		
<input checked="" type="checkbox"/> Initiate Atrium Health approved hypersensitivity protocol in the event of an acute adverse or anaphylactic infusion/injection reaction. The hypersensitivity protocol can be found on the Atrium Health Infusion Center website at atriumhealth.org/infusion.		
<b>Prescriber Information:</b>		
Provider Name:	Phone:	Fax:
Practice Name:	NPI:	
Address:	Office Contact:	
City, State, Zip:	Office Contact Phone Number:	
<b>Physician Signature: (Order expires 12 months from date of signature ) No Stamp Signatures Accepted</b>		
Signature:	Date:	