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
☐ Arrange For Patient To Have Id Tb Skin Test Administered And Read OR Serum Tb Screening Lab Prior To Therapy or Annually

<table>
<thead>
<tr>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>1 treatment</td>
</tr>
</tbody>
</table>

☐ 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.

☐ TB Screen (Quantiferon Gold)

1 treatment
TILDRAKIZUMAB-ASMN (ILUMYA) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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.