



MEDICA HEALTHCARE SERVICES
INJECTIONS AND INFUSION SPECIALTY
CHRONIC & RARE DISEASES



ILUMYA Medication Order Form

Name: _____ DOB: _____

Allergies: _____ Date of Referral: _____

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

DIAGNOSIS AND ICD-10 CODE

☐ Moderate to Severe Plaque Psoriasis ☐ ICD 10 Code L40.0
☐ Other _____ ☐ ICD 10 Code: _____

REQUIRED DOCUMENTATION

☐ This signed order form by the provider ☐ Clinical/Progress notes
☐ % BSA affected abd areas involved ☐ Labs and Tests supporting primary diagnosis
☐ TB Test Results ☐ Psoriasis Area and Severity Index (PASI) or Physician Global

List Tried & Failed Therapies, Including duration of treatment (include phototherapy, biologic, DMARD, topicals):

1. _____
2. _____
3. _____
4. _____

MEDICATION ORDERS

Initial Dosing ☐ Ilumya 100mg subQ at week 0 and 4, then every 12 weeks thereafter

Maintenance Dosing ☐ Ilumya 100mg subQ every 12 weeks

Refills: ☐ X 6 months ☐ X 1 Year Doses _____

PRESCRIBER INFORMATION

Signature: _____ Date: _____

Provider's name: _____ Fax: _____

Physician NPI: _____ Physician's DEA: _____

PLEASE SELECT PREFERRED PATIENT LOCATION:

- ☐ 105 Commerce St, # 109, Lake Mary, FL 32746
- ☐ 4850 W Oakland Park Blvd, #104, Lauderdale Lakes, FL 33313
- ☐ 3401 PGA Blvd, STE 540, Palm Beach Gardens, FL 33410
- ☐ 5210 Linton Blvd, STE 207, Delray Beach, FL 33484
- ☐ 3654 SW 30th Ave, Palm City, FL 34990

PLEASE FAX ORDER TO:

Fax: 561-207-7848

Phone: 689-488-1430

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www.medicainfusion.com