Risankizumab-rzaa (Skyrizi IV)

Provider Order Form rev. 10/30/2023

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: DOB: Patient Phone:

Patient Address: Patient Email:

Allergies: ☐ NKDA Weight (lbs/kg): Height (in/cm):

Sex: ☐ M / ☐ F Date of Last Infusion: Next Due Date: Preferred Location:

DIAGNOSIS *(Please provide ICD-10 code in space provided)*

Crohn's Disease *(This is the only diagnosis the IV dosing is used for)*:

THERAPY ADMINISTRATION & DOSING

☑ Administer Risankizumab-rzaa (Skyrizi) 600mg IV over 1 hour
Dilute in dextrose 5% 100ml *(preferred)*
☑ Only IV induction dosing will be provided. Subcutaneous dosing **WILL NOT** be provided

FREQUENCY *(Choose one)*

☑ Induction: week 0, week 4, and week 8

ADDITIONAL ORDERS

LABORATORY ORDERS

☐ Bilirubin, LFTs at week 8
☐ Other: _____

PRE-MEDICATION ORDERS

☐ Tylenol ☐ 500mg / ☐ 650mg PO
☐ Loratadine 10mg PO
☐ Pepcid 20mg ☐ PO / ☐ IVP
☐ Benadryl ☐ 25mg / ☐ 50mg ☐ PO / ☐ IVP
☐ Solumedrol ☐ 40mg / ☐ 125mg IVP
☐ Other: _____

NURSING

☑ Hold infusion and notify provider for:
- Signs or symptoms of illness/active infection or recent live vaccinations
- Elevated LFTs or bilirubin

☑ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: Preferred Contact Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

REQUIRED DOCUMENTATION CHECKLIST *(Additional documentation required for processing and insurance approval)*

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with immunosuppressants, biologic agent and steroids, Colonoscopy
Required Labs: TB, Hep B, CRP, ESR, LFTs and Bilirubin,

Provider Name *(print)* **Provider Signature** **Date**

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.