

Risankizumab-rzaa (Skyrizi IV)

Provider Order Form rev. 01/02/2024

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

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.