

Risankizumab-rzaa (Skyrizi IV)

Fax to 505-420-4848 or Email to refer@optimuminfusion.com



PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- TB status & date (list results here & attach clinicals)

- Baseline Liver Enzymes, including bilirubin (results)

- Provide nursing care per Optimum Infusion Nursing Procedures, including reaction management and post-procedure observation

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____
Dose: _____ Route: _____
- Frequency: _____

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

THERAPY ADMINISTRATION

- Risankizumab-rzaa (Skyrizi) induction IV dose**
 - Dose: 600mg (Crohn's disease - infuse over 60 minutes)
 1,200mg (Ulcerative Colitis - infuse over 120 minutes)
 - Frequency: week 0, week 4, and week 8
 - Route: Intravenous
 - Flush with 0.9% sodium chloride at infusion completion
- Patient required to stay for 30-min observation
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Evaluate for TB prior to initiating treatment with SKYRIZI.

Hepatotoxicity in Treatment of Crohn's disease: Drug-induced liver injury during induction has been reported. Monitor liver enzymes and bilirubin levels at baseline and during induction, up to at least 12 weeks of treatment. Monitor thereafter according to routine patient management.

Provider Name (Print) _____

Provider Signature _____

Date _____

SUBMIT ORDER FORM TO OPTIMUM INFUSION:
 FAX: 505-420-4848
 EMAIL: refer@optimuminfusion.com