

# Skyrizi (risankizumab-rzaa) Infusion/Injection Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PRE-MEDICATION

- Acetaminophen 1000mg PO
- Diphenhydramine 25mg
- PO Ceterizine 10mg PO
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP

## REQUIRED TESTING/LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
- TB status and date (please attach results): \_\_\_\_\_
- CMP (LFTs and Bilirubin should be monitored at baseline, during induction, and periodically)

## SKYRIZI ORDERS

### Initial Skyrizi Induction Infusion:

Dilute in 250ml D5W and administer intravenously over 1 hour

- 600mg IV Infusion @ week 0, 4, and 8
- Other: \_\_\_\_\_

*\*Maintenance dose: 360mg subcutaneously at week 12, then every 8 weeks thereafter to be administered in home setting via OBI*

### Infuse One Standing Orders:

- Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date