



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

Serious hypersensitivity reactions, including anaphylaxis, may occur. Skyrizi may increase the risk of infection. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur. If such an infection develops, do not administer Skyrizi until the infection resolves. 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. Administration of Vaccines: Avoid use of live vaccines.