

Boca Raton  
9980 Central Park Blvd  
Suite 202, N  
Boca Raton, FL 33428



# Risankizumab-rzaa (Skyrizi)

## Provider Order Form

Date: \_\_\_\_\_

### PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

### REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

### PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Practice Address:	City: State: Zip Code:

ICD-10\*: \_\_\_\_\_

#### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  
 Hepatic Function Panel  at each dose  every \_\_\_\_\_  
 Other: \_\_\_\_\_

#### 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: \_\_\_\_\_

#### SPECIAL INSTRUCTIONS

### THERAPY ADMINISTRATION

- Risankizumab-rzaa (Skyrizi) Induction IV dose**
- Dose: 600mg, (Crohns dosing)
    - Frequency: week 0, week 4, and week 8
    - Route: Intravenous
    - Infuse over 60 minutes
  - Dose: 1200mg for 3 doses, (UC dosing)
    - Frequency: week 0, week 4, and week 8
    - Route: Intravenous
    - Infuse over 60 minutes
- Flush with 0.9% sodium chloride at the completion of infusion
- Other \_\_\_\_\_
- Patient required to stay for 30-min observation post procedure  
 Patient is NOT required to stay for observation time  
 Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

### NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_