

Risankizumab-rzaa (Skyrizi) Order Form

PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- May substitute mandated or preferred biosimilar as necessary.
- Infusion rates will follow manufacturer recommendations.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

Pre-Treatment Medications: (Check all that apply) **To be administered 30 minutes prior to each administration.**

- Acetaminophen (Tylenol) 650 mg by mouth x 1 dose
- 25 mg / 50 mg Diphenhydramine (Benadryl) PO or IV x 1 dose
- Methylprednisolone (Solumedrol) 100 mg IVP x 1 dose
- Other (Please Specify) - _____

AND

Diagnosis (Check all that apply)

- Crohn's Disease
- Induction Dose:**
 - Risankizumab (Skyrizi) 600 mg IV week 0, week 4, and week 8 (Q28D x3 doses)
 - 0.9% NS 250 mL primary at KVO during infusion
- Maintenance Dose Options:**
 - Risankizumab (Skyrizi) 180 mg SubQ at week 12 and every 8 weeks x6 (1 year)
 - Risankizumab (Skyrizi) 360 mg SubQ at week 12 and every 8 weeks x6 (1 year)

OR

Diagnosis

- Psoriatic Arthritis
- Plaque Psoriasis

Dose:

- Risankizumab (Skyrizi) 150 mg SubQ week 0, week 4 and then every 12 weeks x4 (1 year)
- Risankizumab (Skyrizi) 150 mg SubQ Q12W x4 (1 year)

Additional order(s) _____

Lab order(s)

- CBC at each dose or every _____
- CBC w/ Diff at each dose or every _____
- CMP at each dose or every _____
- Other - _____

PROVIDER:

DATE:

TIME:

SIGNATURE: