Fax: 832-895-4040 Phone: 832-895-5000

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Skyrizi IV (Risankizumab-rzaa)

Provider Order Form rev. 4/10/2022					
PATIENT INFORMATION Refe	erral Status (check one):	☐ New Referral	Updated (Order Order Renewa	
Patient Name:		DOB:			
NKDA Allergies:	Weight	Please specif	fy: □lbs □kg	Height:	
Patient Status (check one): ☐ New to Therapy ☐ Continuing Therapy	Last Treatment Date:		Next Due	Date:	
ICD-10 code (required): ICD-10 description	ription:				
REQUIRED: Demographics & Most Recent: H&P, clinical n past tried and/or failed therapies, intolerance, o				ude any	
PRESCRIPTION					
NURSING	LABORATORY ORD	ERS			
☐ TB status & date (list results here & attach clinicals)	☐ CBC ☐ at eac				
☐ Baseline Liver Enzymes, including bilirubin (results)	_ □ CMP □ at eac □ CRP □ at eac				
	☐ Other:				
☐ Provide nursing care per AdaptIV Infusion Nursing Procedures, includin reaction management and post-procedure observation	g Therapy adminis	TRATION			
issues in management and poor processing sacretical.					
PRE-MEDICATION ORDERS		Dose: 600mg Fragues of week 4 and week 8			
□ acetaminophen (Tylenol) □ 500mg □ 650mg □ 1000mg PO		 Frequency: week 0, week 4, and week 8 Route: Intravenous 			
☐ cetirizine (Zyrtec) 10mg PO ☐ loratadine (Claritin) 10mg PO		Infuse over 60 minutes			
☐ diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV	☐ Flush with 0	☐ Flush with 0.9% sodium chloride at infusion completion			
☐ methylprednisolone (Solu-Medrol) ☐ 40mg ☐ 125mg IV					
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV	Patient required to stay for 30-min observation				
Other:		☐ Refills: ☐ Zero / ☐ for 12 months / ☐			
Dose: Route:	- (II NOL INGICALEC	a order will expire	3 One year Irom	date signed)	
Frequency:	-				
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.					
SPECIAL INSTRUCTIONS					
PROVIDER INFORMATION					
Referral Coordinator Name:	Referral Coordinator I	Referral Coordinator Email:			
Ordering Provider:	Provider NPI:	Provider NPI:			
Referring Practice Name:	Phone:	Fa	X:		
Practice Address:	City:	Sta	ate: Zip	Code:	
Provider Name (Print) Provider Signature			Date		