

# Risankizumab-rzaa (Skyrizi IV)

**REFERRAL STATUS:**  New Referral  Dose or Frequency Change  Order Renewal  
**Infusion Office Preference:** \_\_\_\_\_

PATIENT INFORMATION			
Date:	Patient Name:	DOB:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs / kg):	Height:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy - Last Treatment Date:	Next Due Date:		
PROVIDER INFORMATION			
Office Contact Name:	Office Email:		
Prescribing Providers Name:	Provider NPI:		
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
DIAGNOSIS AND ICD 10 CODE			
<input type="checkbox"/> Crohn's Disease	ICD-10 Code:	K50.90	
<input type="checkbox"/> Ulcerative Colitis	ICD-10 Code:	K51.90	
<input type="checkbox"/> Other Diagnosis:	ICD-10 Code:		
REQUIRED DOCUMENTATION/Testing			
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance info <input type="checkbox"/> Clinical/Progress notes supporting primary dx	<input type="checkbox"/> Confirmed negative TB testing <input type="checkbox"/> LFT and Bilirubin lab results		
List Tried & Failed Therapies, including duration of treatment: 1) _____ 2) _____			
MEDICATION ORDERS			
Crohn's Disease	<input type="checkbox"/> Skyrizi 600 mg IV at weeks 0 , 4 , 8		
Ulcerative Colitis	<input type="checkbox"/> Skyrizi 1200 mg IV at weeks 0 , 4 , 8		
SPECIAL INSTRUCTIONS			

*\*\*Hepatotoxicity in treatment of Crohn's disease. Drug induced liver injury during induction has been reported. Monitor LFT's and bilirubin at baseline and during induction, up to at least 24 weeks of treatment. Monitor thereafter according to routine patient management.*

**Provider Name (Print)**

**\*\*Physician Signature:**

**Date:**

**Fax referral to 866-507-1164 or email to [bionurses@metroinfusioncenter.com](mailto:bionurses@metroinfusioncenter.com)**

All information contained in this order form is strictly confidential and will become part of the patient's medical record.