

**SKYRIZI (RISANKIZUMAB)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, LFTs, Bilirubin, TB documentation**

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

- Crohn's Disease (ICD 10 code: \_\_\_\_\_)

**SKYRIZI ORDERS**

**Skyrizi Induction Dosing:**

**Patient Weight** \_\_\_\_\_ kg

- IV induction dose: Infuse 600mg/ml in 250mL D5W IV 1 hour at week 0, week 4, and week 8

**Skyrizi Maintenance Dosing**

- Maintenance dose: 360mg subcutaneously at week 12, then every 8 weeks **Refills** \_\_\_\_\_

**Pre-Medication Orders:**  Tylenol 650mg PO and Benadryl 25mg PO  Other \_\_\_\_\_

**Required labs to be drawn by:**  Infusion Center  Referring Physician

**Lab orders:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**\*\*LFTs and Bilirubin should be monitored at baseline, during induction, and periodically\*\***

**Additional Orders:**

\_\_\_\_\_

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	