

Skyrizi (risankizumab-rzaa) Infusion/Injection Orders

Patient Name:	DOB:		1ale 🗖 Female	
Diagnosis (please provide ICD10 code)				
☐ New Start Therapy ☐ Continuation of Therapy	Date of last	Date of last dose (if applicable):		
□ NKDA Allergies:				
Ordering Provider:				
Provider NPI:	Phone:	Fax:		
Practice Address:	City:	State:	Zip Code:	
PRE-MEDICATION		REQUIRED TESTING/LABS	;	
 Acetaminophen1000mg Diphenhydramine25mg PO Ceterizine 10mg PO Solu-Medrol 125mg IVP Solu-Cortef 100mg IVP Diphenhydramine 25mg 	p na IVP _	Clinical/Progress Notes, La primary diagnosis attachedTB status and date (please	I	
	E	CMP (LFTs and Bilirubin sh	ould be monitored	
		at baseline, during induction	on, and periodically)	
SKYRIZI ORDERS				
☑ Initial Skyrizi Induction Infusion:				
Dilute in 250ml D5W and administer intravenously ove	r 1 hour			
☐ 600mg IV Infusion @ week 0, 4, and 8				
☐ Other:				
*Maintenance dose: 360mg subcutaneously at week	12, then every 8	veeks thereafter to be administere	d in home setting via OBI	
Sage Infusion Standing Orders:				
Provide treatment under Sage Infusion's Clinical Guidelines and Action Plan for Infusion Reactions.	, Medication Saf	ety Protocol, Emergency Guidelin	es,	
Provider Name	_			
Provider Signature	_	 Date	_	

Serious hypersensitivity reactions, including anaphylaxis, may occur. Skyrizki may increase the risk of infection. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur. If such an infection develops, do not administer Skyrizi until the infection resolves. 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. Administration of Vaccines: Avoid use of live vaccines.