



MEDICATION ORDERS

SKYRIZI (risankizumab-rzaa)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Dose or Frequency Change <input type="checkbox"/> Order Renewal

INFUSION OFFICE PREFERENCE (Optional)
Preferred Location: <input type="checkbox"/> Montgomery <input type="checkbox"/> Prattville

DIAGNOSIS AND ICD 10 CODE
<input type="checkbox"/> Crohn's Disease ICD 10 Code: K50.90
<input type="checkbox"/> Other Diagnosis: _____ ICD 10 Code: _____

REQUIRED DOCUMENTATION/TESTING	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress notes supporting diagnosis
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Confirmed negative TB test results
	<input type="checkbox"/> LFT and Bilirubin lab results
List Tried & Failed Therapies, including duration of treatment:	
1)	
2)	

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<p>✓ Skyrizi for Crohn's induction 600mg IVPB mixed in D5W over one hour. Administer on weeks 0, 4 and 8 for one cycle only.</p> <p>** Maintenance Skyrizi subcutaneous injections to be prescribed for home injection by the referring provider at the completion of IV Induction.</p> <ul style="list-style-type: none">• New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.• Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

OTHER ORDERS
Hold treatment if the patient has any infections prior to infusion.

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:	Provider NPI:		
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207