

MEDICATION ORDERS

SKYRIZI (risankizumab-rzaa)

PATIENT INFORMATION			
Name:		DOB:	
Allergies:		Date of Referral:	
REFERRAL STATUS			
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal			
INFLISION OFFICE	INFUSION OFFICE PREFERENCE (Optional)		
Preferred Location:			
DIAGNOSIS AND ICD 10 CODE			
	☐ Crohn's Disease ICD 10 Code: K50.90		
Other Diagnosis:	ICD 10 Code:		
- Other Plagnosis.	100 10 code.		
REQUIRED DOCUMENTATION/TESTING			
☐ This signed order form by the provider ☐ Clinical/Progress notes supporting diagnosis			
☐ Patient demographics AND insurance information	☐ Confirmed negative TB		
□ LFT and Bilirubin lab results			
List Tried & Failed Therapies, including duration of treatment:			
1)			
2)			
MEDICATION ORDERS			
✓ Skyrizi for Crohn's induction 600mg IVPB mixed in D5W over one hour. Administer on weeks 0, 4 and 8 for one cycle only.			
** Maintenance Skyrizi subcutaneous injections to be prescribed for home injection by the referring provider at the completion of IV Induction.			
 New orders and progress notes required at least once yearly. A medication substitution may be required based on 			
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insurance payer policy due to preferred versus non	-preferred medications or ba	stitution may be required based on used on payer step therapy guidelines.	
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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