

Specialty Infusion Apothecary & Wellness Spa INFUSION ORDERS- SKYRIZI® (risankizumab)

PATIENT INFORMATION						
Name: DOE						
Allergies: Date			ral:			
REFERRAL STATUS						
🗌 New Referral 🔅 Dose or Freque				Order Renewal		
DIAGNOSIS AND ICD 10 CODE						
Plaque Psoriasis ICD 10 Cod	de: L40.0 🗌 Crol		ohn's Disease ICD 10 Code: K50.90			
Psoriatic Arthritis ICD 10 Code: L40.50 ICD 1						
REQUIRED DOCUMENTATION/Testing						
☐ This signed order form by the pr	□ This signed order form by the provider □ Clinical/Progress notes supporting primary dx					
□ Patient demographics AND insurance info			□ Confirmed negative TB testing			
			□ LFT and Bilirubin prior to each dose for Crohn's up to			
			week 12 and PRN thereafter			
List Tried & Failed Therapies, including duration of treatment:						
1)	2)					
	MEDICATION C	RDERS				
Premedication						
Biologic Injection/Infusion Order						
Medication	Dosing/Diluent	Route	Rate of	Dates of administration		
	U .		infusion			
Skyrizi for Plaque Psoriasis	150mg/ml prefilled syringe	SQ	N/A	Week 0		
🗆 Skyrizi for Psoriatic Arthritis	150mg/ml prefilled syringe	SQ	N/A	Week 4:		
,	<u> </u>			Every 12 Weeks starting:		
Skyrizi for Crohn's induction	600mg mixed in D5W as	IVPB	1 hour	Wook 0:		
	per pharmacy	IVFD	THOUL	Week 0: Week 4:		
	per pharmacy			Week 8:		
Skyrizi for Crohn's maintenance	360mg/2.4ml prefilled	SQ	N/A	Week 8		
	cartridge	30		Every 8 weeks after Week 12		
	cultinge			starting:		
OTHER ORDERS						

Hold treatment if the patient has any infections prior to infusion

	PHYSICIAN INFORMATION	
Prescribing Physician:		
Office Contact Name:		
Office Phone:	Office Fax:	Office Email:
Physician Signature:		Date:

Contact us with questions at: info@siainfusions.com or call (561) 955-7079

Fax completed form and all documentation to (561) 617-5360

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