



**Skyrizi (Risankizumab-rzaa)**  
Infusion / Subcutaneous Injection Order Form

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**Diagnosis and ICD 10 Code (Required)**

- Psoriatic Arthritis    ICD 10 Code: L40.50     Plaque Psoriasis    ICD 10 Code: L40.0
- Crohn's Disease    ICD 10 Code: K50.90     Other: \_\_\_\_\_    ICD 10 Code: \_\_\_\_\_

**Required Tests (within 12 months & attach results)**

TB/Quantiferon Status & Date: \_\_\_\_\_

Baseline Liver Function Status & Date: \_\_\_\_\_

**Required Labs (within 3 months & attach results)**

CBC    Results \_\_\_\_\_

CMP    Results \_\_\_\_\_

CRP    Results \_\_\_\_\_

Other: \_\_\_\_\_

**Pre-Medication Orders**

Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO

Diphenhydramine (Benadryl)     25mg     50mg     PO     IV

Methylprednisolone (Solu-Medrol)     125mg     IV

Ondansetron (Zofran)     4mg     8mg     PO     IV

Other: \_\_\_\_\_    Route: \_\_\_\_\_

Dose: \_\_\_\_\_    Frequency: \_\_\_\_\_

**Nursing**

Provide nursing care per Smart Infusion Nursing Procedures,  
Including reaction management and post-procedure observation.

**Special Instructions / Notes**

**Provider Information**

Provider Name: \_\_\_\_\_    Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_    Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Skyrizi Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

**Infusion Dosage**

600mg IV     Other \_\_\_\_\_

Frequency: \_\_\_\_\_

**Subcutaneous Injection Dosage**

150mg     180mg     360mg

Frequency: \_\_\_\_\_

**Required Documents**

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes