

Conveniently Located in East Syracuse, Onondaga Hill & Auburn

Main Office Phone 315-472-7504 Nurse Navigator Phone 315-506-2469 Main Fax 315-634-5168

Skyrizi (risankizumab-rzaa) Non-Oncology Treatment Order Set

4. Pre-medications: [] Other Pre-medication: [] No Pre-medications indicated 5. Drug Order: Skyrizi (risankizumab-rzaa) Ok to substitute with generic/biosimilar [] Induction: 600mg IV weeks 0, 4, and 8 Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	1. Patient Name:		
[] K50.0 – Crohn's Disease [] Other ICD-10 Code:	2. DOB:	Height (inches):	Weight (lbs):
Other ICD-10 Code: Diagnosis description:	3. Diagnosis:		
4. Pre-medications: [] Other Pre-medication: [] No Pre-medications indicated 5. Drug Order: Skyrizi (risankizumab-rzaa) Ok to substitute with generic/biosimilar [] Induction: 600mg IV weeks 0, 4, and 8 Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	[] K50.0 – Crohn's Disease		
[] Other Pre-medications:	[] Other ICD-10 Code:	Diagnosis description:	
[] No Pre-medications indicated 5. Drug Order: Skyrizi (risankizumab-rzaa) Ok to substitute with generic/biosimilar [] Induction: 600mg IV weeks 0, 4, and 8 Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	4. Pre-medications:		
5. Drug Order: Skyrizi (risankizumab-rzaa) Ok to substitute with generic/biosimilar [] Induction: 600mg IV weeks 0, 4, and 8 Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	[] Other Pre-medication:		
Skyrizi (risankizumab-rzaa) Ok to substitute with generic/biosimilar [] Induction: 600mg IV weeks 0, 4, and 8 Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	[] No Pre-medications indicated		
[] Induction: 600mg IV weeks 0, 4, and 8 Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	5. Drug Order:		
Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received	Skyrizi (risankizumab-rzaa) Ok to	substitute with generic/biosimilar	
[] New to Therapy [] Continuing therapy: Last Dose Received	[] Induction: 600mg IV we	eks 0, 4, and 8	
Continuing therapy: Last Dose Received	Special Instructions:		
HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reaction per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] Other: [] No labs monitoring HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above. 7. Baseline Lab/Testing completed: [] Liver Enzymes and Bilirubin, date: [] CBC/CMP, date: [] TB status, date: [] Hepatitis B Panel, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.	[] New to Therapy		
per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] Other: [] No labs monitoring HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above. 7. Baseline Lab/Testing completed: [] Liver Enzymes and Bilirubin, date: [] CBC/CMP, date: [] TB status, date: [] Hepatitis B Panel, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.	[] Continuing therapy: Last Dose Re	ceived Next Do	ose Due
[] No labs monitoring HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above. 7. Baseline Lab/Testing completed: [] Liver Enzymes and Bilirubin, date: [] CBC/CMP, date: [] TB status, date: [] Hepatitis B Panel, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.	6. Infusion Lab Requirements:		
HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above. 7. Baseline Lab/Testing completed: [] Liver Enzymes and Bilirubin, date: [] CBC/CMP, date: [] TB status, date: [] Hepatitis B Panel, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.			
7. Baseline Lab/Testing completed: [] Liver Enzymes and Bilirubin, date: [] CBC/CMP, date: [] TB status, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.	[] No labs monitoring		
[] Liver Enzymes and Bilirubin, date: [] CBC/CMP, date: [] TB status, date: [] Hepatitis B Panel, date: [] Other: [] Other: [] Status, date: [] Other: [] Other: [] Other: [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs. 7. Physician's Name: Phone:	•		opy to HOACNY prior to infusion as ordered above.
[] Hepatitis B Panel, date: [] Other: 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs. 7. Physician's Name: Phone:	7. Baseline Lab/Testing completed:		
8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs. 7. Physician's Name:Phone:	[] Liver Enzymes and Bilirubin, date	:[] CBC/CMP, date:	_ [] TB status, date:
[] Yes, patient has been enrolled in COMPLETE program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs. 7. Physician's Name: Phone:	[] Hepatitis B Panel, date:	[] Other:	
[] No, patient has not been enrolled in any programs. 7. Physician's Name: Phone:	8. Patient Assistance & REMS Program E	inrollment	
7. Physician's Name: Phone:	[] Yes, patient has been enrolled in	COMPLETE program. (Provide Copy Enroll	ment Forms)
	[] No, patient has not been enrolled	l in any programs.	
	7. Physician's Name:		Phone:

(This drug administration order form is valid for 12 months)