

SKYRIZI® (risankizumab) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

| | | | |
|-------------------------|---------------------|----------------------|-------------|
| DOB: | Patient Name: | Patient Phone: | |
| Patient Address: | Patient Email: | | |
| NKDA Allergies: | Weight (lbs/kg): | Height: | |
| ICD-10 code (required): | ICD-10 description: | Last Treatment Date: | Last 4 SSN: |

PROVIDER INFORMATION

| | | | |
|----------------------------|-----------------------------|--------|-----------|
| Referral Coordinator Name: | Referral Coordinator Email: | | |
| Ordering Provider: | Provider NPI: | | |
| Referring Practice Name: | Phone: | Fax: | |
| Practice Address: | City: | State: | Zip Code: |

NURSING

Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

CBC at each dose every _____
 CMP at each dose every _____
 CRP at each dose every _____
OTHER _____

PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25 mg 50 mg PO IV
methylprednisolone (Solu-Medrol) 40mg 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____

SKYRIZI THERAPY ADMINISTRATION

600mg IV at week 0, 4 and 8
1,200 mg IV at week 0, 4 and 8

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Medication List and H&P

Liver Function Tests/Bilirubin within 1 year

TB Results within 6 months

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

| | | |
|-----------------------|--------------------|------|
| Provider Name (Print) | Provider Signature | Date |
|-----------------------|--------------------|------|

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

| | | | |
|-----------------------------|--------------------------|----------------------------|-------------------------|
| Colorado: 303-418-4679 | Michigan: 833-957-2188 | New York: 800-540-1852 | Texas: 469-340-0044 |
| Connecticut: 203-724-4838 | Minnesota: 763-290-0903 | Ohio: 216-400-0674 | Virginia: 804-500-5941 |
| Florida: 904-930-4211 | Nevada: 702-489-5744 | Oklahoma: 918-770-4421 | Wisconsin: 414-600-5383 |
| Massachusetts: 800-540-1852 | New Jersey: 800-540-1852 | Pennsylvania: 215-399-9244 | |