

INFUSION & MEDICAL CENTER

1. Patient Name _____ **DOB** _____ **Patient Phone/Cell #** _____
Patient demographic and insurance information to be faxed with Infusion Order Form

2. Medical Information (Please select primary diagnosis and complete ICD10 Code):

Primary Diagnosis: _____ Crohn's Disease (CD)	ICD-10 Code: K50. _____
_____ Ulcerative colitis (UC)	ICD-10 Code: K51. _____
_____ Other: _____	ICD-10 Code: _____

3. Clinical Information – Please fax with Infusion Order Form:

- Clinical notes, labs, test supporting primary diagnosis
- Recent Lab Results including any recent antibody testing results (i.e. TB Screening Results, baseline: liver enzymes and bilirubin)
- Medication List
- Previous Drug Therapy History, including therapies trialed and/or failed and date of last infusion _____

Patient Weight: _____ lbs.
Height: _____ in.

Washout period of _____ weeks desired prior to the initiation of this ordered therapy
 Lab Orders: Infusion center to obtain liver enzymes and bilirubin at week: ____ during Induction (IV) dosing

4. Drug Order: **SKYRIZI® (risankizumab-rzaa)** J Code: J2327

Induction Dosing:

Diagnosis	Dosing Regimen	Doses Authorized
<input type="checkbox"/> For CD	600 mg administered via intravenous infusion at week 0, week 4 and week 8	3 doses
<input type="checkbox"/> For UC	1200 mg administered via intravenous infusion at week 0, week 4 and week 8	3 doses

Pre-Medication Orders: _____
 No Pre-medications are recommended based on manufacturer guidelines.

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.
 By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: _____ / _____ Date: _____
Dispense as written Substitution permitted
 Printed Physician's Name with Credentials: _____ NPI: _____

FAX ALL INFORMATION CENTRAL FAX 803.999.1754	INFUSION CENTER LOCATIONS BERKELEY CHARLESTON COLUMBIA GREENVILLE CENTRAL INTAKE PHONE 803.999.1760
---	--