

Risankizumab-rzaa (Skyrizi)

Induction Followed by Maintenance

Every 8 Weeks

Risankizumab-raa (Skyrizi) disease specific dose IV week 0, 4, 8 followed by 360 mg subq week 12 then every 8 weeks thereafter

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 180 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). If result is indeterminate, a follow up chest X-ray must be performed to rule out TB.			
Risankizumab-rzaa may increase the risk of infection. Instruct patient to inform healthcare provider if they develop any symptoms of an infection. Treatment should not be initiated or continued in patients with any clinically important active infection until the infection is resolved or treated.			
Patient should be brought up to date with all immunizations before initiating therapy. Live vaccines should not be given concurrently.			
Monitor liver enzymes and bilirubin levels at baseline and during induction, up to at least 12 weeks of treatment.			
Supplemental Labs			
☐ Hepatitis B Screening Labs			
☒ Hepatitis B Surface Antigen	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Surface Antibody Quant	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Core Antibody, Total	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Screening Labs			
☐ QUANTIFERON TB GOLD	Every 365 days		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Skin Test	Every 365 days		Until discontinued

	Interval	Defer Until	Duration
Routine, Once Starting when released, Miscellaneous Release to patient: Immediate Point Of Care			
☐ Read PPD	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous Release to patient: Immediate Point Of Care			

Labs

☒ Comprehensive metabolic panel	Every visit		Until discontinued
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			

Nursing Orders

☒ Treatment conditions	Once		1 treatment
Until discontinued Starting when released Until Specified Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive, TB test result is positive, or if screening has not been performed.			
☒ Treatment conditions	Every visit		Until discontinued
Routine, Once Notify provider if Total Bilirubin, AST or ALT GREATER THAN 2 x ULN			
☒ Treatment conditions	Every visit		Until discontinued
Until discontinued Starting when released Until Specified Hold treatment and contact provider if patient has signs and symptoms of infection (fever, skin infection, need for antibiotics etc).			

Therapeutic Medications

☒ risankizumab (Skyrizi) in dextrose 5 % 250 mL	Every 28 days		3 treatments
IVPB intravenous, Once, Starting when released Crohn's Disease dose = 600 mg IV over 1 hour Ulcerative Colitis dose = 1200 mg IV over 2 hours If refrigerated, allow to reach room temp before administering. Do not administer other meds in same IV line at same time as Skyrizi			
☐ Provider communication	Every 56 days	S+84	Until discontinued
Until discontinued Starting when released Until Specified Subcutaneous injections are included on the Center for Medicare & Medicaid Services Self-Administration Drug Exclusion List. An outpatient prescription for subcutaneous maintenance dosing will need to be supplied by the provider for patients with traditional Medicare (Medicare B) for self-administration.			
☐ risankizumab (Skyrizi) injection 360 mg	Every 56 days	S+84	Until discontinued
360 mg, subcutaneous, Once, Starting when released Obtain patient's own product and have pharmacist inspect prior to administration. Do not shake. Remove box from fridge and allow to sit at room temp for 45-90 minutes prior to administering to thigh or abdomen.			

Emergency Medications

☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued
Once Starting when released If hypersensitivity reaction occurs:			

	Interval	Defer Until	Duration
- Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request Status: Future, Expected: S, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after	Every 28 days		3 treatments
☐ Infusion Appointment Request Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after	Every 56 days	S+84	Until discontinued

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**