NuCara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
Fax: 512-524-1801

NuCara Infusion Center
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Austin, TX 78757
Phone: 512-454-9923 x4
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Vital Care NuCara Infusion Center
4201 W. Stan Schuleter Loop Unit B
Killeen, TX 76549
Phone: 512-454-9923 x2
Fax: 512-524-1801

Patient Name:_____

DOB:_____ Wt(kg):_____

Allergies:_____ Phone:_____

Skyrizi (risankizumab-rzaa) Orders

Required Information:

- ☐ Signed order from prescribing provider
- ☐ Patient demographics including insurance information
- ☐ Supporting clinical documentation: Visit notes, diagnostic results
- ☐ Required Labs: TB screening

Primary Diagnosis:

- ☐ Crohn's Disease (ICD-10 :_____)
- ☐ Psoriatic Arthritis (ICD-10 :_____)
- ☐ Plaque Psoriasis (ICD-10 :_____)

SKYRIZI ORDERS

Crohn's Disease:

Induction IV doses:

- ☐ Skyrizi 600mg IV at weeks 0,4, and 8

SQ Maintenence doses:

- ☐ Skyrizi 180mg SQ at week 12 and every 8 weeks thereafter
- ☐ Skyrizi 360mg SQ at week 12 and every 8 weeks thereafter
- ☐ Skyrizi 180mg SQ every 8 weeks
- ☐ Skyrizi 360mg SQ every 8 weeks

Plaque Psoriasis and Psoriatic Arthritis:

SQ Induction doses:

- ☐ Skyrizi 150mg SQ at weeks 0 and 4, then every 12 weeks

SQ Maintenence doses:

- ☐ Skyrizi 150mg SQ every 12 weeks

Date of Last Skyrizi: _____

Administered per manufacturer guidelines

PRE-MEDICATIONS

- ☐ PO Tylenol _____mg
- ☐ PO Cetirizine _____mg
- ☐ IV Solu-medrol _____mg
- ☐ PO Loratadine _____mg
- ☐ PO ☐ IV Diphenhydramine _____mg
- ☐ PO ☐ IV Other:_____ _____mg

LABS

- ☐ CBC
- ☐ CMP
- ☐ CRP
- ☐ ESR
- ☐ TB Quantiferon Gold
- ☐ Hep B Core/Surface AG
- ☐ Uric Acid
- ☐ Other:_____
- ☐ Other:_____

Frequency:

- ☐ Every Visit
- ☐ Every Other Visit
- ☐ One time only
- ☐ Other:_____

CPL Acct #:_____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

_____

_____

_____

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: