KAISER PERMANENTE®

# risankizumab-rzaa (SKYRIZI)
## Infusion Therapy Plan Orders

**Page 1 of 3**

**Name:** _____

**Kaiser Permanente Member I.D. #:** _____

**Date of Birth:** _____

**Instructions to Provider**
*Review orders and note any changes. All orders with ☑ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol).*
*Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.*

***Please complete all the following:***

□ **Pre-Service Authorization** has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

**Order Date:** _____

**Weight:** _____kg

**Diagnosis**
ICD-10 code (*REQUIRED):*
_____

ICD-10 description:
_____

### General Plan Communication

- **Induction:** Infuse risankizumab 600 mg loading dose at Week 0, Week 4, and Week 8
- **Maintenance:** Inject risankizumab 180 mg or 360 mg subcutaneously every 8 weeks starting 4 weeks after third risankizumab infusion. Use lowest effective dose needed to maintain therapeutic response
- **A separate prescription or order is needed for subcutaneous maintenance doses**
- **Special instructions/notes:**
  _____

### Provider Information

- Ensure baseline PPD or quantiFERON-TB assay are negative for latent TB
- Suggested induction monitoring: LFTs at baseline and 3 weeks after *each* infusion
- Treatment with risankizumab not recommended in patients with active, severe infections. Consider withholding risankizumab in patients who develop a severe infection while on treatment
- Ensure an immunization plan is in place before initiating therapy
- Live vaccines should not be given concurrently or within 1 month prior to initiation of therapy

### Infusion Therapy

☑ **risankizumab (SKYRIZI) 600 mg in D5W** (250 mL)

***Dose:*** □ 600 mg

***Route:*** Intravenous

***Frequency:*** Every 4 weeks for 3 infusions

***Infusion Rate:*** Infuse over 60 minutes

***If infusion-related reaction:***

1) STOP infusion immediately
2) Begin primary infusion to wide open rate
3) Notify MD
4) Monitor vital signs
5) Administer PRN medications
6) 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

***Note any changes to above regimen:***

_____

**Provider Signature:** _____ **Date:** _____

**Printed Name:** _____ **Phone:** _____ **Fax:** _____

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### Pre-Medications

☑ **acetaminophen (TYLENOL) tablet**

***Dose:*** 650 mg ***Route:*** Oral ***Frequency:*** Once, 30 minutes prior to risankizumab infusion if patient has history of prior reaction. May also be given once as needed during infusion for achiness, headache, or fever

☑ **cetirizine (ZYRTEC) tablet**

***Dose:*** 10 mg ***Route:*** Oral ***Frequency:*** Once, 60 minutes prior to risankizumab infusion (if not taken at home) if patient has history of prior reaction

☑ **Other: _____**

***Dose:*** _____ ***Route:*** Oral ***Frequency:*** Once, 30 minutes prior to risankizumab infusion

### IV Line Care

☑ **5% Dextrose (D5W) infusion 250 mL**

***Rate:*** 20 mL/hr ***Route:*** Intravenous ***Frequency:*** Run continuously to keep vein open. Start peripheral IV if no central line

### PRN & Hypersensitivity Reaction Medications

☑ **albuterol (PROVENTIL) nebulizer solution 0.083%**

***Dose:*** 2.5 mg ***Route:*** Nebulization ***Frequency:*** PRN for shortness of breath/wheezing

☑ **diphenhydrAMINE (BENADRYL) injectable**

***Dose:*** 25 mg ***Route:*** Intravenous ***Frequency:*** Once PRN, May repeat x 1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved. Notify MD upon giving medication

☑ ***EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector***

***Dose:*** 0.3 mg ***Route:*** Intramuscular ***Frequency:*** Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5-inch needle for patients with BMI greater than 30. Notify MD upon giving medication

☑ ***methylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)***

***Dose:*** 125 mg ***Route:*** Intravenous ***Frequency:*** Once PRN for hypersensitivity reaction. Notify MD upon giving medication

☑ **ondansetron (ZOFRAN) injectable**

***Dose:*** 8 mg ***Route:*** Intravenous ***Frequency:*** Once PRN for nausea/vomiting. Inject over 2 - 5 minutes.

### Nursing Orders

- Verify that patient meets the lab parameters for administration:
  - PPD or quantiFERON-TB assay for latent TB results are negative for TB.
  - HBV sAg and cAb labs have been completed by the ordering provider.
  - LFTs have been drawn at baseline and prior to next infusion (approximately 3 weeks after previous infusion, or at least prior to next infusion)
  - Do not infuse risankizumab without negative TB, HBV sAg, and HBV cAb results. Notify provider if positive result.
- Begin D5W as primary line to keep vein open.
- Perform assessment for toxicity and tolerance.
- Monitor for temperature greater than 100.4F, chills, pruritus, chest pain, blood pressure changes (notify MD if greater than 10% drop in systolic blood pressure or if patient is symptomatic), or dyspnea.
- For hypersensitivity: stop risankizumab, give diphenhydramine and steroid as ordered.
- Review discharge medications, instructions, and future appointments.

### References

risankizumab-rzaa® (SKYRIZI) injection for subcutaneous or intravenous use Prescribing Information. Revised March 2023.

**Provider Signature:** _____ **Date:** _____

**Printed Name:** _____ **Phone:** _____ **Fax:** _____

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**Kaiser Permanente Infusion Locations**

**Bellevue Medical Center**
11511 NE 10th St, Bellevue, WA 98004
**Fax:** 425-502-3811 **Phone:** 425-502-3820

**Capitol Hill Medical Center**
201 16th Ave E, Seattle WA 98112
**Fax:** 206-326-3624 **Phone:** 206-326-3180

**Everett Medical Center**
2930 Maple St, Everett, WA 98201
**Fax:** 425-261-1578 **Phone:** 425-261-1566

**Olympia Medical Center**
700 Lilly Road N.E., Olympia, WA 98506
**Fax:** 360-923-7609 **Phone:** 360-923-7600

**Riverfront Medical Center**
W 322 North River Drive, Spokane, WA 99201
**Fax:** 509-434-3184 **Phone:** 509-324-6464

**Silverdale Medical Center**
10452 Silverdale Way NW, Silverdale, WA 98383
**Fax:** 360-307-7421 **Phone:** 360-307-7316

**Tacoma Medical Center**
209 Martin Luther King Jr Way, Tacoma, WA 98405
**Fax:** 253-596-3351 **Phone:** 253-596-3350

**Provider Signature:** _____ **Date:** _____

**Printed Name:** _____ **Phone:** _____ **Fax:** _____