

PROVIDERS: Please include the following to expedite the order:
Patient Demographics, Most Recent Office Visit Notes, Insurance Information, Recent Labs: TB, Liver Enzymes

PATIENT INFORMATION Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ Patient Phone: _____ DOB: _____

ICD-10 code (required): K50. ____ K51. ____ ICD Description: _____

Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

Center will use Hypersensitivity protocol established by Infuse One Ohio

TB Status & Date (list results & attach clinicals)

Baseline Liver Enzymes, including Bilirubin (list results)

PRE-MEDICATION ORDERS

Diphenhydramine 25mg / 50mg PO / IV

Acetaminophen 325mg / 500mg / 650mg PO

Other: _____

Dose: _____ Route: _____ Frequency: _____

SPECIAL INSTRUCTIONS:

THERAPY ADMINISTRATION

Skyrizi Intravenous Infusion

For Crohn's Disease:
Dose: 600mg IV infusion over 1 hour
Route: IV

For Ulcerative Colitis:
Dose: 1200mg IV infusion over 2 hours
Route: IV

Frequency: Induction dose at 0, 4, and 8 weeks

To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.

Provider Name (Print)	Provider Signature	Date
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Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.