



Checklist for Skyrizi (risankizumab-rzaa) Referral

Patient Name: _____ DOB: _____ Date: _____

Referring Physician: _____ NPI: _____

Office Contact/Title/Email: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Best contact number for physician in case of reaction: _____

Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.

- ☐ Patient demographic information
- ☐ Insurance information and copy of insurance card/s (front and back). *Include primary and secondary insurance
- ☐ Supporting clinical notes and office visits. Two notes preferred.
 - Note should include any therapies tried/failed, and must include discussion about Skyrizi
 - Medication list and allergies
- ☐ Supporting lab reports/imaging for Skyrizi IV Induction treatment
 - Baseline negative TB screening
 - Baseline liver enzymes and bilirubin levels
- ☐ Skyrizi Prescribing Order (see attached)

-- We will obtain prior authorization and schedule your patient as soon as possible --

Fax all information to our Infusion Coordinator: 508-698-8671

Call with any questions: 781-551-5812 option 4

Visit our website: www.InfusionCenterNE.com

Email: info@infusioncenterne.com

Infusion Center of New England

18 Washington Street, Foxboro MA 02035

Ph: 781-551-5812

Fax: 508-698-8671



Prescribing Order: Skyrizi (risankizumab-rzaa) IV Induction

Date of Order: _____

☐ New Start

☐ Maintenance

Date of last injection: _____

Patient Name: _____ DOB: _____ M/F: _____

Diagnosis (include ICD-10 code/s): _____

☐ NKDA Allergies: _____

Premedication:

☐ Acetaminophen 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Loratadine 10mg or Cetirizine 10mg PO

☐ Other: _____

Skyrizi Medication Order – Induction Dosing

- Dosing: ☐ Skyrizi 600mg IV over 1 hour (Crohn's disease)
- ☐ Skyrizi 1200mg IV over 2 hours (ulcerative colitis)
- Frequency: ☐ Week 0, Week 4, and Week 8

Administration:

- ✓ Administer Skyrizi IV in 250ml 5% Dextrose or 0.9% Sodium Chloride over 1-2 hours per indication
- ✓ Do not administer if patient has active signs or symptoms of infection or hepatic dysfunction.
- ✓ In case of reaction, follow ICNE infusion reaction protocol. Notify physician.

Ordering Provider Name

NPI

Signature

Date