

SKYRIZI

FAX: 725.228.5220



eMediate INFUSION

New Prescription/Referral
Prescription Refill

Of Refills:

PATIENT INFORMATION

*Patient Insurance & ID (front and back) are needed

Name: _____ DOB: _____ Weight: _____ kg

PHYSICIAN INFORMATION

Prescriber Name: _____ Phone: _____ Fax: _____

Office Contact: _____ *Email (for the referral update): _____

Clinic: _____ Address: _____

NPI: _____

Patient's PCP Name: _____ Phone: _____ Fax: _____

Clinic: _____ Address: _____

NPI: _____

PRESCRIPTION INFORMATION (or attach a copy of the prescription)

Initial Dose (to be administered in infusion clinic):

Skyrizi:
(risankizumab)

600mg IV at weeks 0, 4, and 8

1200mg IV at weeks 0, 4, and 8

Maintenance Doses (to be self-administered by patient):

180mg SubQ at week 12, then every 8 weeks thereafter x 1 year

360mg SubQ at week 12, then every 8 weeks thereafter x 1 year

Others: _____

Pre-Medication:

Solumedrol 125mg IVP

Tylenol _____ mg PO

Benadryl _____ mg PO

Solu-Cortef 100mg IVP

650 mg 975 mg 1000mg

25 mg IV

Others: _____

50 mg PO

ANA Kit Protocol:

OK to use

Dx: **Diagnosis:** Ulcerative Colitis (UC) Crohn's Disease

Other: _____

ICD-10: _____

PRESCRIBER SIGNATURE: x

Date (Valid for 1 year):

By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.

Please include the following

Patient demographics

Insurance attached

Diagnosis(supporting)

History & Physical

Lab Results

Clinical progress notes

Medication list

Other Test Results

TB screening test within 12 months - attach results

Baseline liver function tests and bilirubin - attach results

If TB results are positive - please provide documentation of treatment or medical clearance, and a negative CXR

We can do patient teaching for IV/IM/SQ injections if needed. One time or multiple visits. If insurance allows we can also administer SQ/IM shot