Skyrizi

Ph: 518-782-3899 | Fax: 518-782-3884

Date: ________________

Please include the following to expedite the order	**Demographics, Insurance Information, Current CBC & CMP, Last Progress Note Relevant to the Diagnosis, Current Medications, Previous Medications, Viral Hepatitis Results, TB Results, Written Informed Consent**

PATIENT INFORMATION

Patient Name: ______________________________

Patient Contact Number: ____________________

DOB: ____________________

Allergies: __________________________________

Weight: ________ ○ lbs ○ kg Height: _________

Diagnosis: _________________________________

ICD 10: ____________________________________

PRESCRIBER INFORMATION

Prescriber's Name: ___________________________

NPI: _________________ Date: ________________

Phone: ______________ Fax: _________________

Office Address: _______________________________

Contact Person: ______________________________

Contact Email: _______________________________

○ Please check this box if you **DO NOT** authorize InfusionCare to complete a Peer-to-Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

PREMEDS

○ No Premeds

Benadryl:	○ PO ○ IV	○ 25 mg ○ 50 mg
Acetaminophen:	○ PO	○ 650 mg ○ Other: ________
Methylprednisolone:	○ IV	○ ________ mg

Other: ____

○ You authorize InfusionCare to utilize the hypersensitivity protocol established by InfusionCare.

Signature: ____ Date: _______________

SKYRIZI DOSAGE

Date of Last Treatment, if Continuation: ______________________

Route: IV

○ For Crohn's Disease

Dose: 600 mg IV infusion over 1 hour

○ For Ulcerative Colitis

Dose: 1200 mg IV infusion over 2 hours

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

(if not indicated order will expire 6 months from date signed)

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

LAB ORDERS

○ No Labs

List: ___________________________________ Frequency: ________________

Signature: ____ Date: ________________