Beacon Infusion
Healthcare Services

Headquarters Location:
1075 Stephenson Ave, Suite D-2, Oceanport, NJ 07757
Telephone: (833) 223-2266 Fax: (732) 329-2322

SKYRIZI MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ **DOB:** _____

■ Diagnosis

☐ L40.0 Plaque psoriasis ☐ _____ Other: _____

■ Details Needed for Authorization

- Proof of patient's negative latent TB test. If test is positive, proof that patient has begun therapy for latent TB.
- Is patient concurrently being treated with any other biologic response modifier, Biologic DMARD, or Janus kinase inhibitor (such as Xeljanz), or other non-biologic immunomodulating agent (such as Otezla)? _____
- Is the ordering provider a dermatologist or has consulted with a dermatologist? _____
- Has the patient tried and had an inadequate response to a least one conventional agent (such as acitretin, calcipotriene, cyclosporine, methotrexate, PUVA, tacrolimus, topical corticosteroids) for at least three months, or have an intolerance or contraindication to all conventional treatments?
- Does the patient have severe active plaque psoriasis (eg, >10% BSA, occurrence in delicate areas, intractable pruritis, etc.)? _____
- Does the patient have psoriasis with concomitant severe psoriatic arthritis? _____

Patient's height in ft/in: _____ Patient's weight in lbs: _____

■ Skyrizi (Risankizumab-rzaa) Medication Order

Select all as appropriate.

☐ Initial phase of 150mg SubQ injection at weeks 0 and 4. (If maintenance also ordered, that first dose is at week 16.)
☐ Maintenance phase of 150mg SubQ injection every 12 weeks (+/- 5 days) for _____ months.

Let the Skyrizi carton come to room temperature over 15-30 minutes (without warming it). Choose an injection site per the manufacturer's instructions, insert at 45 degree angle, inject the full amount in the syringe, and discard in a sharps box. Do not rub the injection site.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.