

Risankizumab (Skyrizi®)

Reduce direct handling to a minimum and wear appropriate personal protective equipment

CAUTION: High Administration Risk Rating

Form	Each vial contains 600 mg of risankizumab concentrate for solution for infusion in 10.0 mL of solution.	Store in a refrigerator 2-8°C									
Reconstitution	<ul style="list-style-type: none"> Already in solution. The solution is colourless to slightly yellow and clear to slightly opalescent MUST be further diluted before administration Do not shake the vial 										
Compatibility & Stability	Sodium chloride 0.9% Glucose 5%										
Administration	<p>IV Infusion</p> <table border="1"> <thead> <tr> <th>Dose</th><th>Volume to remove from 250mL bag</th><th>Volume Skyrizi® to add to bag</th></tr> </thead> <tbody> <tr> <td>600mg</td><td>10mL</td><td>10mL</td></tr> <tr> <td>1200mg</td><td>20mL</td><td>20mL</td></tr> </tbody> </table> <ul style="list-style-type: none"> Remove appropriate volume from 250mL bag compatible fluid (see table above). Use one 10mL syringe to withdraw 600mg from the risankizumab vial. Inject the 10mL from the vial into the bag slowly. Mix the contents of the bag gently. Protect the infusion bag from light Temporarily remove IV bag light protection covers for the time needed to check for presence of visible particulates in the bags and then recover. If particulates are observed do not proceed Prior to the start of the intravenous infusion, the content of the intravenous infusion bag or glass bottle should be at room temperature. Each patient should be closely observed for the first 20 minutes of infusion, especially the first time the patient receives it. The whole content of the IV bag is to be infused. Infuse the diluted solution intravenously over a period of at least one hour for the SKYRIZI 600 mg dose; at least two hours for the SKYRIZI 1,200 mg dose 		Dose	Volume to remove from 250mL bag	Volume Skyrizi® to add to bag	600mg	10mL	10mL	1200mg	20mL	20mL
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Monitoring	In patients with a chronic infection, a history of recurrent infection, or known risk factors for infection, risankizumab should be used with caution. Treatment with risankizumab should not be initiated in patients with any clinically important active infection until the infection resolves or is adequately treated.										
Documentation Requirements	Document batch numbers and expiry dates of vials in medical notes.										
Adverse Drug Reactions	The most frequently reported adverse reactions were upper respiratory infections. Patients treated with risankizumab should be instructed to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops such an infection or is not responding to standard therapy for the infection, the patient should be closely monitored and risankizumab should not be administered until the infection resolves.										

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542

Disposal	Dispose of infusion bag and administration set in purple-lidded bin.
Additional Information	Risankizumab is indicated for the treatment of patients 16 years and older with moderately to severely active Crohn's disease who have had an inadequate response to, lost response to, or were intolerant to conventional therapy or a biologic therapy, or if such therapies are not advisable.

Information provided relates to Skyrizi® (AbbVie)

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