Skyrizi® COMPLETE

ACCESS INFORMATION FOR YOUR PATIENTS PRESCRIBED SKYRIZI

SKYRIZI HAS ~99% PREFERRED* COMBINED NATIONAL COMMERCIAL AND MEDICARE PART D FORMULARY COVERAGE UNDER THE PHARMACY BENEFIT AS OF APRIL 2026 IN ADULTS WITH PLAQUE PSORIASIS (PS) & PSORIATIC ARTHRITIS (PSA)†1

Getting Started With Skyrizi Complete: Steps for First and Subsequent Doses

What you should do	Communications that you and your patient should expect
Prior to FIRST DOSE — Week 0	
Skyrizi Complete Enrollment and Rx Form Complete the enrollment and Rx form with your patient and submit to Skyrizi Complete and your patient's preferred Specialty Pharmacy. Ensure your patient expects to receive a phone call from an Ambassador and the Specialty Pharmacy.	• **A Skyrizi Complete Ambassador**‡ will reach out to your patient to educate them on obtaining their medication, answer questions, and discuss next steps. The Ambassador will discuss potential cost-saving resources for qualifying patients. • **The Specialty Pharmacy** will inform you on the patient's coverage and provide Prior Authorization requirements. • A dedicated **Field Reimbursement Manager (FRM)** can help you navigate the prescription journey and the Prior Authorization process.
Prior Authorization Fill out the Prior Authorization required by the patient's insurance and send back to the Specialty Pharmacy.	• **An Ambassador** will reach out to the patient to confirm that they understand their insurance and any next steps. • **The Specialty Pharmacy** will inform you of the patient's payer-specific Prior Authorization process and next steps.
Shipment If Prior Authorization is approved, the medication will be shipped to the patient. Prior Authorization typically takes between 5 and 10 business days from receipt by the Specialty Pharmacy. Take this timing into consideration when completing the need-by date on the enrollment and Rx form in section 8.	• **The Specialty Pharmacy** will reach out to the patient to collect co-payment and will confirm when and where to send the medication. • **An Ambassador** will contact the patient to confirm they have spoken with the Specialty Pharmacy. The Ambassador can also reinforce training on proper injection technique and provide supplemental remote injection training. **NOTE:** If the patient does not speak with the Specialty Pharmacy, the Specialty Pharmacy will not ship their medication.
For SUBSEQUENT DOSES — Week 4 and every 12 weeks thereafter	
Additional Prior Authorizations Insurance companies have variable Prior Authorization requirements, but most require at least 1 per year.	• **The Specialty Pharmacy** will reach out to the patient to collect co-payment for each subsequent dose and confirm their shipping address. • **The Specialty Pharmacy** will reach out to you with any additional Prior Authorization requirements. • **An Ambassador** will reach out to the patient prior to and after each dose.

*SKYRIZI is on a preferred tier or otherwise has preferred status on the plan's formulary.

†Coverage requirements and benefit designs vary by payer and may change over time. Please consult with payers directly for the most current reimbursement policies.

‡Ambassadors are provided by AbbVie and do not provide medical advice or work under the direction of the prescribing health care professional (HCP). They are trained to direct patients to speak with their HCP about any treatment-related questions, including further referrals.

Please see Indication and Important Safety Information for SKYRIZI on next page. Please see full Prescribing Information for SKYRIZI, or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

Skyrizi®
risankizumab-rzaa

INDICATIONS AND IMPORTANT SAFETY INFORMATION
ABOUT SKYRIZI® (risankizumab-rzaa)[2]

INDICATIONS[2]

Plaque Psoriasis: SKYRIZI is indicated for the treatment of moderate to severe plaque psoriasis in adults and pediatric patients 6 years of age and older who are candidates for systemic therapy or phototherapy.

Psoriatic Arthritis: SKYRIZI is indicated for the treatment of active psoriatic arthritis in adults and pediatric patients 6 years of age and older.

IMPORTANT SAFETY INFORMATION[2]

Hypersensitivity Reactions

SKYRIZI® (risankizumab-rzaa) is contraindicated in patients with a history of serious hypersensitivity reaction to risankizumab-rzaa or any of the excipients. Serious hypersensitivity reactions, including anaphylaxis, have been reported with the use of SKYRIZI. If a serious hypersensitivity reaction occurs, discontinue SKYRIZI and initiate appropriate therapy immediately.

Infection

SKYRIZI may increase the risk of infection. Do not initiate treatment with SKYRIZI in patients with a clinically important active infection until it resolves or is adequately treated.

In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing SKYRIZI. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur. If a patient develops such an infection or is not responding to standard therapy, closely monitor and discontinue SKYRIZI until the infection resolves.

Tuberculosis (TB)

Prior to initiating treatment with SKYRIZI, evaluate for TB infection and consider treatment in patients with latent or active TB for whom an adequate course of treatment cannot be confirmed. Monitor patients for signs and symptoms of active TB during and after SKYRIZI treatment. Do not administer SKYRIZI to patients with active TB.

Immunizations

Avoid use of live vaccines in patients treated with SKYRIZI. Drugs that interact with the immune system may increase the risk of infection following administration of live vaccines. Prior to initiating SKYRIZI, complete all age appropriate vaccinations according to current immunization guidelines.

Adverse Reactions

Most common (≥1%) adverse reactions associated with SKYRIZI include upper respiratory infections, headache, fatigue, injection site reactions, and tinea infections.

In psoriatic arthritis phase 3 trials, the incidence of hepatic events was higher with SKYRIZI compared to placebo.

SKYRIZI is available in a 150 mg/mL prefilled syringe and pen, and a 55 mg/0.37 mL prefilled syringe.

References: 1. Data on file, AbbVie Inc. Source: AbbVie internal analytics and Managed Markets Insight and Technology, LLC, a trademark of MMIT. Database as of April 2026. **2.** SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc.

For support in person or over the phone, call your Access Specialist at 1.877.COMPLETE (1.877.266.7538).

Please see Indication and Important Safety Information for SKYRIZI on next page. Please see full Prescribing Information for SKYRIZI, or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

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