Skyrizi® COMPLETE

NAVIGATING PRIOR AUTHORIZATIONS FOR PATIENTS WHO ARE PRESCRIBED SKYRIZI

For patients with moderate to severe plaque psoriasis or active psoriatic arthritis

INDICATIONS[1]

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.

SAFETY CONSIDERATIONS[1]

SKYRIZI is contraindicated in patients with a history of serious hypersensitivity reaction to risankizumab-rzaa or any of its excipients. Serious hypersensitivity reactions, including anaphylaxis, have been reported with use of SKYRIZI. If a serious hypersensitivity reaction occurs, discontinue SKYRIZI and initiate appropriate therapy immediately. SKYRIZI may increase the risk of infection. Instruct patients to report signs or symptoms of clinically important infection during treatment. Should such an infection occur, discontinue SKYRIZI until infection resolves. Evaluate patients for tuberculosis infection prior to initiating treatment with SKYRIZI. Avoid use of live vaccines in SKYRIZI patients.

Please see additional Important Safety Information on page 5.
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risankizumab-rzaa

NAVIGATING PRIOR AUTHORIZATIONS
FOR PATIENTS WHO ARE PRESCRIBED SKYRIZI

A prior authorization may be required by the payer

When prescribing SKYRIZI for your patient, determine whether the payer requires a prior authorization (PA). PA requirements may vary by payer, so check with your patient's health plan for an accurate list of requirements before submitting the request. Ensure that diagnosis, disease severity, prior therapies tried, dosing, duration, and clinical testing are documented to help **avoid potential denials due to missing or incomplete information.**

You may obtain the PA form from one of the following:

- Health plan's website
- CoverMyMeds®
- Specialty Pharmacy
- Field Reimbursement Manager

The following table provides an overview of common payer PA requirements and is for illustrative purposes only. As such, it (1) may include certain PA criteria which are not necessary for a specific payer and (2) may not include all necessary PA requirements for a specific payer.

Ensure you document the following in your PA submission and chart notes (as applicable):

Example PA Criteria	Example Information to Include	
Patient's diagnosis, using the appropriate ICD-10-CM code(s)[2]	**L40.0 Psoriasis vulgaris* L40.8: Flexural Psoriasis* L40.9: Psoriasis, unspecified***	**L40.5 Arthropathic psoriasis* L40.50: Arthropathic psoriasis, unspecified* L40.51: Distal interphalangeal psoriatic arthropathy* L40.52: Psoriatic arthritis mutilans* L40.53: Arthropathic psoriasis, spondylitis* L40.54 Psoriatic juvenile arthropathy* L40.59: Other psoriatic arthropathy***
Patient's disease and severity	Percentage of body surface area (BSA) affected • 3%-10%+ with sensitive areas affected (eg, hands, feet, scalp, genitals, other)	Active or erosive disease, such as: • Elevated markers of inflammation [eg, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP)] • Long-term damage that interferes with function [ie, joint deformities], rapidly progressive
Inadequate response or contraindication to current and prior therapies, documenting the treatment name, dose, duration, and date of each therapy: • Note any applicable inadequate responses or contraindications to **all** prior therapy requirements, not just the most recent therapy • Note any plan-specific duration (eg, for at least 3 months) and treatment period requirements (eg, within the last 12 months)	**Please list all previously tried and failed therapies, which may include:** • Topical therapies: – anthralin – calcipotriene – calcitriol – coal tar products – pimecrolimus – roflumilast – tacrolimus – tapinarof – tazarotene – topical corticosteroids • Phototherapy • Conventional systemic therapies: – methotrexate – cyclosporine – acitretin *This is not a comprehensive list*	**Please list all previously tried and failed conventional systemic therapies:** • methotrexate • sulfasalazine • leflunomide • cyclosporine • hydroxychloroquine
Confirmation of discontinuation of previous disease-modifying antirheumatic drugs (DMARDs) or biologics	Not to be used in combination with other biologic immunomodulators, targeted synthetic DMARDs, or phototherapy	
Testing results for clinical parameters, if required by payer	• Tuberculosis (TB) test • No active serious infections (eg, hepatitis B)	

It is important to submit documentation for all required information and chart notes with the PA form to support a timely decision from the payer

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

*The codes shown are only suggestions and may vary by patient.

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage. Providers are encouraged to contact third-party payers for specific information about their coverage policies.

Please see Indications and additional Important Safety Information on page 5.
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POTENTIAL REASONS FOR **COVERAGE DENIALS**

Incomplete information or lack of documentation may lead to a denial for SKYRIZI

Below are some of the most **common causes for denial**. Be sure to double-check documentation when submitting the initial PA request to avoid these common causes for denial:

- **Lack of documentation supporting diagnosis** or disease severity (eg, BSA, CRP)
- **Lack of step therapy documentation** demonstrating requirements have been met; for example, PA submission did not include:
  - Names of all therapies that were tried and failed (including topical therapies, phototherapy, and/or conventional systemic therapies)
  - Duration of prior therapies tried
  - Notes on contraindications to prior therapies required by the plan (eg, impacted BSA too large, disease is rapidly progressive)
- **Failure to confirm that SKYRIZI will not be used** in combination with other biologic or targeted synthetic DMARDs (if applicable)
- **Lack of documentation for health plan's clinical testing criteria** (eg, TB test)

For case by case, personalized support, call your Field Reimbursement Manager, or call 1.877.COMPLETE (1.877.266.7538)

SAFETY CONSIDERATIONS[1]

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BSA=body surface area; CRP=C-reactive protein; DMARD=disease-modifying antirheumatic drug; PA=prior authorization; TB=tuberculosis.

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PRIOR AUTHORIZATION **BEST PRACTICES**

Some suggested best practices for PAs

When requesting a PA, it is important to have all of the necessary information and documentation.

- Before beginning the process, confirm that insurance coverage has not changed since the patient's last visit
- Complete all sections of the PA form(s) and provide any supplemental documentation required
- Determine how the information should be submitted to the payer (fax, electronic PA, portal, website, etc)
- Inquire about the timing of the process once the request is submitted, and update your patient on the request status

Reminders:

Responses to PA requests are generally received within 72 hours after submission

Make note of when a PA authorization might expire. If it expires before the end of your patient's treatment, you may need to submit the PA again to continue their coverage

TIPS TO KEEP TRACK OF THE PA PROCESS

Log the date and time of calls, who you spoke with, and their contact information

Keep a copy of the PA documentation

Follow up with the payer if your facility does not receive notification of the decision in a timely manner

Record the PA approval code and date in the patient's medical record

For case by case, personalized support call your Field Reimbursement Manager or call 1.877.COMPLETE (1.877.266.7538)

PA=prior authorization.

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INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR SKYRIZI® (risankizumab-rzaa)[1]

INDICATIONS[1]

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[1]

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. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc. 2. Centers for Medicare & Medicaid Services. 2026 ICD-10-CM. 2026 Code, Tables, Tabular and Index. Accessed March 25, 2026. https://www.cms.gov/files/zip/april-1-2026-code-tables-tabular-index.zip

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US-SKZD-260176 June 2026

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