

With a new IL-23 inhibitor for adults with moderate to severe plaque psoriasis

# NOTHING IS EVERYTHING

**NOTHING MORE THAN 4 DOSES PER YEAR<sup>1,\*</sup>**

for your patients, that's everything

\*After loading doses at Week 0 and 4 (2 injections per dose).



### 3 MONTHS BETWEEN DOSES<sup>1</sup>

Recommended dose of 150 mg (two 75-mg injections) at Week 0, Week 4, and every 12 weeks thereafter



### 2 ADMINISTRATION OPTIONS<sup>1</sup>

In-office and self-administration with resources to support both



### 1 DOSAGE FOR ALL PATIENTS<sup>1</sup>

Regardless of weight, disease severity, or prior treatment

### Incidence of injection site reactions through Week 16: 1.5% for SKYRIZI vs 1.0% for placebo<sup>1</sup>

Based on safety analysis of 4 randomized clinical trials (SKYRIZI, n=1306; placebo, n=300).

### INDICATION<sup>1</sup>

SKYRIZI™ (risankizumab-rzaa) is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

### SAFETY CONSIDERATIONS<sup>1</sup>

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

Please see additional Important Safety Information on back.

Please see accompanying full Prescribing Information.

  
**Skyrizi™**  
risankizumab-rzaa  
75mg/0.83mL Injection

# PRESCRIBE RELIABLE 3-MONTH DOSING<sup>1</sup>

## DOSING SCHEDULE



**Two 75-mg injections (150 mg)**  
at Week 0, Week 4, and every 12 weeks thereafter



NDC: 0074-2042-02

- **SUPPLIED AS:** Two 29-gauge prefilled syringes with needle guards
- **PREPARATION:** Patients may leave carton at room temperature out of direct sunlight (15 to 30 minutes) without removing the prefilled syringes from the carton
- **STORAGE:** Refrigerate at 2°C to 8°C (36°F to 46°F), do not freeze, and keep prefilled syringes in outer carton to protect from light

For more information, please see **Instructions for Use** in the **Full Prescribing Information**.

## INDICATION AND IMPORTANT SAFETY INFORMATION<sup>1</sup>

### INDICATION

SKYRIZI™ (risankizumab-rzaa) is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

### INFECTION

- SKYRIZI™ (risankizumab-rzaa) 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.

### PRE-TREATMENT EVALUATION FOR 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

- Prior to initiating SKYRIZI, consider completion of all age appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with SKYRIZI.

### ADVERSE REACTIONS

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

Please see accompanying full Prescribing Information.

Reference: 1. SKYRIZI Injection [package insert]. North Chicago, IL: AbbVie, Inc.

abbvie

  
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