SKYRIZI® (risankizumab-rzaa) Access Information

>99% of national commercial patients have access to SKYRIZI as preferred on formulary, as of January 2021.[1]*†

Access Process

For first dose and subsequent doses (for both HCP and self-admin)

What the HCP should do	Communications the patient and HCP should expect
For the FIRST DOSE — Week 0	
1 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 the **Nurse Ambassador** and the **Specialty Pharmacy**.	• A **Skyrizi Complete Nurse Ambassador**‡ will reach out to the patient by phone, educate them on obtaining their medication, answer questions, and discuss next steps. The **Nurse Ambassador** will discuss potential cost-saving resources for qualifying patients. • The **Specialty Pharmacy** will inform the HCP on the patient's coverage and provide **Prior Authorization** requirements.
2 Prior Authorization Fill out the **Prior Authorization** required by the patient's insurance and send back to the **Specialty Pharmacy**.	• A **Nurse Ambassador** will reach out to the patient to confirm that they understand their insurance and any next steps. • The **Specialty Pharmacy** will inform the HCP of the patient's payer-specific **Prior Authorization** process and next steps.
3 Shipment Drug will be shipped to the patient upon **Prior Authorization** approval, which typically takes between 5 and 10 business days from **Prior Authorization** receipt by the **Specialty Pharmacy**. Take this timing into consideration when completing the need-by date on the enrollment and Rx form on page 6 in section 7.	• The **Specialty Pharmacy** will reach out to the patient to collect co-payment and will confirm when and where to send the medication. • A **Nurse 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 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	
4 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 shipping address. • The **Specialty Pharmacy** will reach out to the HCP with any additional **Prior Authorization** required. • A **Nurse Ambassador** will reach out to the patient prior to and after each dose.

*Formulary definitions: Preferred/Step 1 means the product is placed on the plan's preferred formulary. Non-preferred products require a higher out-of-pocket cost or step edit, or are placed on a higher tier. Coverage means placed on formulary without a step edit through other biologics. For SKYRIZI, this could include coverage on a non-preferred tier, which may result in higher out-of-pocket cost. Based on formulary under the pharmacy benefit. National commercial health plan formulary status under the pharmacy benefit, updated as of January 2021.

†Available only to patients with commercial insurance who meet eligibility criteria. See enrollment forms for full Terms and Conditions.

‡Ambassadors do not provide medical advice and are trained to direct patients to speak with their healthcare professional about any treatment-related questions, including further referrals.

Please see Indication and Important Safety Information for SKYRIZI on page 2.

Please see Full Prescribing Information for SKYRIZI.

Reference: 1. Data on file, AbbVie Inc. Payer-reported lives. January 2021.

Skyrizi® risankizumab-rzaa

Indication and Important Safety Information for SKYRIZI® (risankizumab-rzaa)[1]

Indications

Plaque Psoriasis: SKYRIZI is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

Psoriatic Arthritis: SKYRIZI is indicated for the treatment of active psoriatic arthritis in adults.

Important Safety Information

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.

Administration of Vaccines

Avoid use of live vaccines in patients treated with SKYRIZI. Medications 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.

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

Please see Full Prescribing Information for SKYRIZI.

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

abbvie

Skyrizi® risankizumab-rzaa