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

SAFETY CONSIDERATIONS
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 last page. Please see full Prescribing Information.
**SKYRIZI EFFICACY AT WEEK 16 IN TWO PIVOTAL PHASE 3 STUDIES (NRI)**

**PRIMARy ENDPOINTS**

- PASI 90 at Week 16
- sPGA 0/1 at Week 16

**SECONDARY ENDPOINT**

- MAINTENANCE OF RESPONSE

### IN IMMerge, an OPEN-LABEL, ASSESSOR-BLINDED, HEAD-TO-HEAD STUDY

**COSENTYX** (secukinumab) (300 mg) (n=163)

- PASI 90 (non-inferiority) at Week 16; PASI 90 (superiority) at Week 52
- PASI 100, sPGA 0/1, and PASI 75 at Week 52

**SKYRIZI (150 mg)** (n=164)

- PASI 100 at Week 16
- sPGA 0/1 at Week 16
- PASI 75 at Week 16

**MAINTENANCE OF RESPONSE**

In the randomized trials, among patients who achieved PASI 90 or PASI 100 at Week 16, SKYRIZI (150 mg) was given as 2 subcutaneous injections at Weeks 0, 4, and 16, and every 12 weeks thereafter. Co-primary endpoints were PASI 90 and sPGA 0/1 at Week 16 vs placebo in each psoriasis. SKYRIZI (150 mg) was given as 2 subcutaneous injections at Weeks 0, 4, and 16, and every 12 weeks thereafter. Co-primary endpoints were PASI 90 and sPGA 0/1 at Week 16 vs placebo in each psoriasis. Patients were randomized 1:1 to receive:

**STUDY DESIGN**

IMMerge was a phase 3, global, multicenter, randomized, open-label, efficacy assessor–blinded, active-controlled study designed to evaluate the safety and efficacy of SKYRIZI compared with Cosentyx in adult patients with moderate to severe plaque psoriasis. Patients were randomized 1:1 to receive:

- SKYRIZI (150 mg) (n=164)
- Cosentyx® (secukinumab) (300 mg) (n=163)

**SECONDARY ENDPOINT DATA**

**SKYRIZI DEMONSTRATED SUPERIOR RATES OF PASI 90 AT WEEK 52**

- In IMMerge, SKYRIZI demonstrated superior rates of PASI 90 at Week 52 compared with Cosentyx.

**SAFETY CONSIDERATIONS**

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 last page. Please see full Prescribing Information.
SAFETY DATA FROM IMMerge²

ADVERSE EVENTS (AEs) OF INTEREST (%)

<table>
<thead>
<tr>
<th></th>
<th>ANY AEs</th>
<th>SERIOUS AEs</th>
<th>SEVERE AEs</th>
<th>TEAE POSSIBLY RELATED TO STUDY DRUG</th>
<th>SAE POSSIBLY RELATED TO STUDY DRUG</th>
<th>TEAE LEADING TO DISCONTINUATION</th>
<th>DEATHS</th>
<th>ADJUDICATED MACE</th>
<th>SERIOUS INFECTION</th>
<th>TUBERCULOSIS</th>
<th>MALIGNANT TUMORS (EXCLUDING SKIN CANCER)</th>
<th>SAE POSSIBLY RELATED TO DISCONTINUATION TO DRUG</th>
<th>ADJUDICATED SERIOUS MALIGNANT NEOPLASMS</th>
<th>SERIOUS MALIGNANT NEOPLASMS</th>
<th>HEMATOLOGIC SENSITIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKYRIZI 150 mg</td>
<td>71.3</td>
<td>5.5</td>
<td>6.7</td>
<td>29.9</td>
<td>0.6</td>
<td>1.2</td>
<td>0.6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.6</td>
<td>0.6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COSENTYX 150 mg</td>
<td>71.2</td>
<td>3.7</td>
<td>4.3</td>
<td>28.2</td>
<td>0.6</td>
<td>4.9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.8</td>
<td>0.6</td>
<td>1.8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

MACE=Major Adverse Cardiac Event; NMSC=Non-melanoma Skin Cancer; SAE=Serious Adverse Event; TEAE=Treatment-Emergent Adverse Event.

Defined as AEs occurring with an onset within 20 weeks after the last dose of study drug administration.

There were no deaths in either treatment arm.

TREATMENT-EMERGENT AEs OCCURRING IN ≥5% IN EITHER TREATMENT GROUP (%)

<table>
<thead>
<tr>
<th></th>
<th>NASOPHARYNGITIS</th>
<th>UPPER RESPIRATORY TRACT INFECTION</th>
<th>HEADACHE</th>
<th>ARTHRITIS</th>
<th>DIARRHEA</th>
<th>BRONCHITIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKYRIZI 150 mg</td>
<td>21.3</td>
<td>12.8</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>1.8</td>
</tr>
<tr>
<td>COSENTYX (secukinumab) 300 mg</td>
<td>16.6</td>
<td>8.6</td>
<td>9.2</td>
<td>6.1</td>
<td>5.5</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Refer to full prescribing information for Cosentyx, which reflects differences in rates of adverse events from those observed in the IMMerge trial.

INDICATION¹

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

IMPORTANT SAFETY INFORMATION¹

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

Please see full Prescribing Information.