Navigating prior authorizations

Prior authorizations – helpful process tips

Be sure to complete all required fields in order to receive a timely response.* In addition to the form, you may need to send a letter of medical necessity (LMN) to further explain the need for the product of choice.

Checklist for requesting a prior authorization (PA)

- ✓ **Before beginning the process, confirm that the patient's insurance has not changed since the last visit**
- ✓ **Ask what information or form is necessary. Some payers require:**
  - Payer-specific forms
  - History of past tests and results
  - Patient medical records with appropriate chart notes
  - Letter of medical necessity
- ✓ **Get example template letter for Skyrizi, Prior authorization, letter of medical necessity and more forms at skyrizihcppr.com**
- ✓ **Complete all sections of the PA form and any supplemental material, including all required forms, such as the Complete Enrollment and Prescription form**
- ✓ **Determine if the information can be phoned in, faxed, emailed, or submitted through the payer's website**

Keep track of the process:

1. **Log the date and time** of the call, who you spoke with, and their contact information
2. **Keep a copy** of everything submitted for the PA
3. **Log any calls** your facility makes about the request. Note the name of the person you spoke with
4. **Follow up with payer** if your facility does not receive notification of the decision in a timely manner
5. **Record the PA approval code and date** in the patient's medical record

Resources, support and education are available for your patients at www.AbbvieContigo.com or by calling 1-855-266-8446

Scan this QR code or visit SkyriziHCPPR.com to learn more about SKYRIZI

Please see Indications and Important Safety Information on page 2.

Please see accompanying full Prescribing Information for additional information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

* Submitting Prior Authorization does not guarantee approval for treatment coverage.

Skyrizi® risankizumab-rzaa

INDICATION AND IMPORTANT SAFETY INFORMATION FOR SKYRIZI® (risankizumab-rzaa)

INDICATION[1]

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.

Crohn's Disease: SKYRIZI is indicated for the treatment of moderately to severely active Crohn's disease in adults.

Ulcerative Colitis: SKYRIZI is indicated for the treatment of moderately to severely active ulcerative colitis in adults.

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.

Hepatotoxicity in Treatment of Inflammatory Bowel Disease

Drug-induced liver injury was reported in a patient with Crohn's disease who was hospitalized for a rash during induction dosing of SKYRIZI. For the treatment of Crohn's disease and ulcerative colitis, evaluate liver enzymes and bilirubin at baseline and during induction (12 weeks); monitor thereafter according to routine patient management. Consider an alternate treatment for patients with evidence of liver cirrhosis. Interrupt treatment if drug-induced liver injury is suspected, until this diagnosis is excluded. Instruct your patient to seek immediate medical attention if they experience symptoms suggestive of hepatic dysfunction.

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 in plaque psoriasis and psoriatic arthritis 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.

Most common (>3%) adverse reactions associated with SKYRIZI in Crohn's disease are upper respiratory infections, headache, and arthralgia in induction, and arthralgia, abdominal pain, injection site reactions, anemia, pyrexia, back pain, arthropathy, and urinary tract infection in maintenance.

Most common (≥3%) adverse reactions associated with SKYRIZI in ulcerative colitis are arthralgia in induction, and arthralgia, pyrexia, injection site reactions, and rash in maintenance.

Lipid Elevations: Increases from baseline and increases relative to placebo were observed at Week 4 and remained stable to Week 12 in patients treated with SKYRIZI in Crohn's disease. Lipid elevations observed in patients with ulcerative colitis were similar to those in Crohn's disease.

Dosage Forms and Strengths: SKYRIZI (risankizumab-rzaa) is available in a 150 mg/mL prefilled syringe and pen, a 600 mg/10 mL single-dose vial for intravenous infusion, and a 180 mg/1.2 mL or 360 mg/2.4 mL single-dose prefilled cartridge with on-body injector.

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

Please see accompanying full Prescribing Information for additional information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

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Skyrizi® risankizumab-rzaa

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