Skyrizi®
risankizumab-rzaa

For your patients who have been prescribed SKYRIZI.[1]

PREDICTABLE AFFORDABILITY OPTIONS YOUR PATIENTS CAN TRUST

Skyrizi affordability options by insurance type

Commercial insurance
(usually provided by an employer)

Skyrizi is covered by most commercial insurance plans in Puerto Rico.[2]

$5* Eligible commercial patients could pay as little as $5* per dose for Skyrizi

Call **AbbVie Contigo** at **1-855-CONTIGO** (1-855-266-8446) for help with your prescription and insurance questions, or visit **www. AbbvieContigo.com** for more information.

* Eligibility: Available to patients with commercial insurance coverage for SKYRIZI who meet eligibility criteria. See next page for terms and conditions.

Medicaid

You may submit a formulary exception request to get coverage for a prescription medication, such as Skyrizi, if it is not included in the plan's formulary.

Best practices for filling an exception:

- Identify the plan-specific process for requesting an exception.
- Be sure to include details about adverse effects, contraindications, intolerance, or therapeutic failure to previously used therapies.
- Attach any supporting documents you believe will strengthen the request (e.g., medical records, clinical notes).

To facilitate the process, use this QR code and download an editable Exception Letter

Medicare Part D

In 2026, standard Medicare patients pay no more than $2,100 out-of-pocket (OOP) for ALL covered medications dispensed under the Part D benefit for the year.[3]

- Patients may elect to pay their annual OOP ($2,100 or less) in the form of monthly payments by opting into the Medicare Prescription Payment Plan (MPPP) with their Part D plan.†
- Patients should contact their Part D plan to understand what their monthly payment would be and to determine if enrolling in the MPPP is the best option.

† Patients may voluntarily sign up for the MPPP to spread their out-of-pocket costs into monthly payments with no additional fees or interest.

Need help with reimbursement? Our Field Reimbursement Specialist can help with:

Access
Education on commercial & government plans, including handling PAs and other utilization management criteria.

Reimbursement Support
With billing and coding, including brand-specific reimbursement information.

Financial Support
Financial options for patients to consider based on their unique insurance coverage situations.

For in-person, virtual or telephonic support, you can call a Field Reimbursement Specialist, or **1.855.CONTIGO** (1.855.266.8446)

Disclaimer: Each patient's health or prescription insurance plan will determine exactly how much they will pay.

Learn about SKYRIZI access and support information at Skyrizihcppr.com/access-and-support

Please see Indications and Important Safety Information on next page.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf

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INDICATIONS AND IMPORTANT SAFETY INFORMATION[1]

INDICATIONS[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.

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

DoD=Department of Defense; VA=Veterans Affairs.

Abbvie Contigo Savings Program Terms and Conditions

Terms and Conditions apply. This benefit covers SKYRIZI® (risankizumab-rzaa). Eligibility: Available to patients with commercial prescription insurance coverage for SKYRIZI who meet eligibility criteria. Co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the Ahorros Contigo Savings Card for SKYRIZI and patient must call AbbVie Contigo at 1.855.CONTIGO to stop participation. Patients moving o residing outside Puerto Rico may not be eligible. Patients may not seek reimbursement for value received from the AbbVie Contigo program from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This assistance offer is not health insurance. To learn about AbbVie's privacy practices and your privacy choices, visit www.abbvie.com/privacy.html.

References: 1. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc. **2.** Data on file, Abbvie, Inc. June 2025. **3.** Inflation Reduction Act (IRA): Changes to Medicare Part D prescription drug coverage 2023 and beyond. Q1 Medicare website. Accessed January 8, 2025. https://q1medicare.com/news/Article.php?article=medicare-part-d-changes-2023-to-2029&article_id=962&category_id=18

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