Skyrizi®
risankizumab-rzaa

PRIOR AUTHORIZATION
FOR YOUR PSORIATIC ARTHRITIS PATIENTS

If you've determined that SKYRIZI is the appropriate treatment for your patient, help get access by following these prior authorization tips.

1. **Always include patient diagnosis**
Adult patients with active psoriatic arthritis.

2. **Include**
Physician's certification stating tuberculosis (TB) status or result of a TB detection test.

3. **Document medical necessity** by a letter including claims history and/or submission of medical records. Please refer to the QR code to download an example of medical necessity letter (under access and reimbursement forms).

Some medical plans may require documentation of prior therapy, contraindication, or intolerance to: corticosteroid or immunomodulator.

Resources available at: https://www.skyrizihcppr.com/access-and-support

Be sure to submit all required patient information in order to receive a timely approval

This resource is for reference only and it demostrates high-level Pre-Authorization commonalities in Puerto Rico. Providers are encouraged to contact third-party payers for specific information about their coverage policies.

INDICATION[1]
SKYRIZI is indicated for the treatment of active psoriatic arthritis in adults.

SAFETY CONSIDERATIONS[1]
SKYRIZI is contraindicated in patients with a history of serious hypersensitivity reaction to risankizumab-rzaa or any of its excipients. Serious hypersensitivity reactions, including anaphylaxis, have been reported with use of SKYRIZI. If a serious hypersensitivity reaction occurs, discontinue SKYRIZI and initiate appropriate therapy immediately. 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.

LEARN MORE AT SKYRIZIHCPPR.COM

Please see additional 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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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.

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

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

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