Skyrizi® COMPLETE Enrollment Form

SGMI-06182024-A06

Fax to Skyrizi Complete (1.678.727.0690)
Questions? Call 1.866.759.7494

SECTION 1: PATIENT + INFUSION PROVIDER

▼ **Fields in 1-5 are necessary for enrollment into Skyrizi Complete.** Required fields are marked with an asterisk (*). ▼

1 PATIENT DEMOGRAPHIC SHEET* — To be faxed by Infusion Provider with the Enrollment Form.

When faxing this form, please include the patient demographic sheet, ensuring the following patient information is included: full home address, email address, medical and prescription insurance information, and any relevant clinical details. **Additionally, ensure the patient's entire Social Security number is redacted from the demographic sheet (if applicable). Failure to include the demographic sheet may result in delayed enrollment.**

2 PATIENT'S INFORMATION — To be completed by patient or legally authorized person. Please print clearly.

First Name*: Last Name*: Date of Birth (MM/DD/YY)*: / / Gender (check one): ☐M ☐F

Home Phone: Mobile Phone*: Email Address*: ☐Spanish interpreter needed

What was patient's last completed treatment? ☐ Not started ☐ Infusion 1 ☐ Infusion 2 ☐ Infusion 3 Date of Last Treatment: ____/____/____

▶ ☐ I consent to receive automated and recurring text messages from Complete Treatment Support program, including service updates, medication reminders and marketing messages, to the provided mobile number. Message and data rates may apply. I am not required to consent as a condition of receiving goods or services. I can text HELP to 29279 for help, or call 1-866-759-7494. I can text STOP to 29279 to unsubscribe at any time. **View full Terms and Conditions**.

By enrolling, you may receive your own Nurse Ambassador provided by AbbVie. Ambassadors do not work under the direction of your health care professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.

▶ ☐ I consent to the collection, use, and disclosure of my health-related personal data to receive communications from AbbVie regarding its products, programs, services, clinical trials, research opportunities and for online targeted advertising, as further described in the **"How we may use Personal Data," "How we disclose Personal Data,"** and **"Cookies and similar tracking and data collection technologies"** sections of our **Privacy Notice**. My consent is required to process sensitive personal data under certain privacy laws, and I have the right to withdraw my consent by visiting **"Your Privacy Choices"** on AbbVie's website.

For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, visit **https://abbv.ie/PrivacyPatient**. Through my submission of the enrollment form, I consent to the collection, use, and disclosure of my personal health data, as described in the Privacy Notice above and in AbbVie's Privacy Notice in the **"How we may disclose Personal Data"** section. My consent is required to process sensitive personal data under certain privacy laws, and I have the right to withdraw my consent by visiting **"Your Privacy Choices"** on AbbVie's website.

3 INSURANCE INFORMATION

Please attach medical and prescription insurance cards, if available.

SECTION 2: INFUSION PROVIDER

4 DIAGNOSIS*

☐ Crohn's disease (CD) ☐ Ulcerative Colitis (UC) ICD-10: _____ Date of Diagnosis: ____/____/____

5 INFUSION PROVIDER INFORMATION

Provider's Name (First, Last)*: _____

Practice/Facility Name: _____

NPI #*: _____ Tax ID: _____

Office Phone*: _____

Office Contact Name: _____

Office Fax*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

HCP PRESCRIBER INFORMATION

Prescriber's Name (First, Last)*: _____

NPI #*: _____

Office Phone*: _____

Office Contact Name: _____

Office Fax*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

IMPORTANT INFORMATION: Through my submission of the enrollment form, I consent to the collection, use, and disclosure of my personal health data, as described in the Privacy Notice above and in AbbVie's Privacy Notice in the **"How We May Disclose Personal Data"** section. My consent is required to process sensitive personal data under certain privacy laws, and I have the right to withdraw my consent by visiting **"Your Privacy Choices"** on AbbVie's website.

Please see Indications and Important Safety Information on page 2.

Please see the full Prescribing Information.

US-SKZG-240603

Skyrizi® risankizumab-rzaa

INDICATIONS AND IMPORTANT SAFETY INFORMATION[1]

SKYRIZI INDICATIONS[1]

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 (>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 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 the full Prescribing Information.

Skyrizi® COMPLETE

SKYRIZI GETTING STARTED CHECKLIST

Use this checklist from Skyrizi Complete to start and stay on track with your prescribed treatment plan.

1 GET SAVINGS AND INSURANCE SUPPORT

Your **Skyrizi Complete Nurse Ambassador*** will reach out to help you navigate your health insurance coverage and to find ways you may be able to save. Savings may be available on SKYRIZI infusions, infusion administration costs, SKYRIZI On-Body Injector (OBI), and required lab testing.

- ☐ **It's important to connect with your Nurse Ambassador** who will review your coverage. They will call within one business day of enrollment or you can reach out at **1.866.SKYRIZI** (1.866.759.7494)†
- ☐ **Before you start treatment, ask about your savings options**. You may be able to get SKYRIZI for **as little as $0‡ per treatment**. Find out more at **SKYRIZI-Saving.com**

Your Nurse Ambassador is:

_____

Your Nurse Ambassador's phone number:

_____

2 GET READY FOR INFUSIONS

You'll have 3 infusions—1 every 4 weeks. Here's information to help you understand the infusion phase of your treatment.

- ☐ **Watch the Understanding Infusions video** at **InfusionPrepSKYRIZI.com**
- ☐ **Review the Infusion Prep Guide** with your Nurse Ambassador, available at **SKYRIZIresources.com**
- ☐ **Talk to your doctor about lab tests** before, during, and at least up to 12 weeks of treatment with SKYRIZI
- ☐ **Write down any questions** you may have for your next doctor appointment:

_____

_____

Infusion location: _____

_____

Phone number: _____

Infusion dates:

1. ___/___/___ ☐
2. ___/___/___ ☐
3. ___/___/___ ☐

3 GET READY TO INJECT AT HOME

Ask your Nurse Ambassador if in-person or virtual injection training is available.

- ☐ **Watch the SKYRIZI OBI Training Video** at **InjectingSKYRIZI.com**
- ☐ **Talk to your Nurse Ambassador** about injection resources, or get additional information at **SkyriziComplete.com**
- ☐ **Call your specialty pharmacy** to arrange delivery of your OBI 2 weeks before the date of your first injection at home

Date of first injection at home:

___/___/___

Specialty pharmacy:

_____

Phone number:

_____

4 GET ONGOING, 1-TO-1 SUPPORT FROM SKYRIZI COMPLETE INCLUDING:

- **Guiding** you through your insurance coverage and savings options, even if your health insurance changes
- **Injection training**, answers about using the OBI, and tips on managing your treatment schedule and working with your specialty pharmacy
- **Skyrizi Complete App** where you can log injections, set treatment reminders, and access your Savings Card

DOWNLOAD THE APP TODAY

Use your phone's camera to scan the QR code.

Search for "Skyrizi Complete" at the App Store® or Google Play™

Download on the App Store | GET IT ON Google Play

Stay on track with dedicated support from your Nurse Ambassador.
Reach out at **1.866.SKYRIZI** (1.866.759.7494). You can also get answers 24/7 with Live Chat at **SkyriziComplete.com**.

*Nurse Ambassadors are provided by AbbVie and do not work under the direction of your health care professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.
†Help is available Monday through Friday, from 8:00 AM to 8:00 PM ET, except for holidays.
‡For eligible, commercially insured patients only. See Terms and Conditions on page 4. If eligible, you'll receive your Savings Card in the mail. Call your Nurse Ambassador if you do not receive your card.

Please see Uses and Important Safety Information on page 4.
Please see the full Prescribing Information, and talk to your doctor.

Skyrizi® risankizumab-rzaa

USES AND IMPORTANT SAFETY INFORMATION
ABOUT SKYRIZI® (risankizumab-rzaa)[1]

SKYRIZI USES[1]

SKYRIZI is a prescription medicine used to treat adults with:

- moderate to severe Crohn's disease.
- moderate to severe ulcerative colitis.

IMPORTANT SAFETY INFORMATION[1]

What is the most important information I should know about SKYRIZI® (risankizumab-rzaa)?

SKYRIZI is a prescription medicine that may cause serious side effects, including:

Serious allergic reactions:

- Stop using SKYRIZI and get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:
  - fainting, dizziness, feeling lightheaded (low blood pressure)
  - swelling of your face, eyelids, lips, mouth, tongue, or throat
  - trouble breathing or throat tightness
  - chest tightness
  - skin rash, hives
  - itching

Infections:

SKYRIZI may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI and may treat you for TB before you begin treatment with SKYRIZI if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with SKYRIZI.

- Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:
  - fever, sweats, or chills
  - cough
  - shortness of breath
  - blood in your mucus (phlegm)
  - muscle aches
  - warm, red, or painful skin or sores on your body different from your psoriasis
  - weight loss
  - diarrhea or stomach pain
  - burning when you urinate or urinating more often than normal

Do not use SKYRIZI if you are allergic to risankizumab-rzaa or any of the ingredients in SKYRIZI. See the Medication Guide or Consumer Brief Summary for a complete list of ingredients.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section **"What is the most important information I should know about SKYRIZI?"**
- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). Medicines that interact with the immune system may increase your risk of getting an infection after receiving live vaccines. You should avoid receiving live vaccines right before, during, or right after treatment with SKYRIZI. Tell your healthcare provider that you are taking SKYRIZI before receiving a vaccine.
- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.
- become pregnant while taking SKYRIZI. You are encouraged to enroll in the Pregnancy Registry, which is used to collect information about the health of you and your baby. Talk to your healthcare provider or call 1-877-302-2161 to enroll in this registry.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of SKYRIZI?

SKYRIZI may cause serious side effects. See "What is the most important information I should know about SKYRIZI?"

Liver problems may happen while being treated for Crohn's disease or ulcerative colitis: A person with Crohn's disease who received SKYRIZI through a vein in the arm developed changes in liver blood tests with a rash that led to hospitalization. Your healthcare provider will do blood tests to check your liver before, during, and at least up to 12 weeks of treatment, and may stop treatment with SKYRIZI if you develop liver problems. Tell your healthcare provider right away if you notice any of the following symptoms: unexplained rash, nausea, vomiting, stomach (abdominal) pain, tiredness (fatigue), loss of appetite, yellowing of the skin and eyes (jaundice), and dark urine.

The most common side effects of SKYRIZI in people treated for Crohn's disease and ulcerative colitis include: upper respiratory infections, headache, joint pain, stomach (abdominal) pain, injection site reactions, low red blood cells (anemia), fever, back pain, urinary tract infection, and rash.

These are not all the possible side effects of SKYRIZI. Call your doctor for medical advice about side effects.

Use SKYRIZI exactly as your healthcare provider tells you to use it.

SKYRIZI (risankizumab-rzaa) is available in a 600 mg/10 mL 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.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/PatientAccessSupport to learn more.

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

SKYRIZI COMPLETE SAVINGS CARD TERMS & CONDITIONS

Eligibility: Available to patients with commercial insurance coverage for SKYRIZI® (risankizumab-rzaa) who meet eligibility criteria. This 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. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit SKYRIZISavingsCard.com or call 1.866.SKYRIZI for additional information. For full Terms and Conditions for SKYRIZI Crohn's Disease and Ulcerative Colitis patients, visit www.skyrizi.com/savings-card-terms or call 1.866.SKYRIZI for additional information.** To learn about AbbVie's privacy practices and your privacy choices, visit **https://abbv.ie/corpprivacy**

Please see the full Prescribing Information, and talk to your doctor.

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Skyrizi® risankizumab-rzaa