SKYRIZI INFUSION REIMBURSEMENT OPTIONS AND FAX FORM

This form details the **options for reimbursement claim submission** for eligible, commercially insured SKYRIZI patients with Crohn's disease or ulcerative colitis who are enrolled in Skyrizi Complete. Eligible, commercially insured patients may pay as little as $0 per dose on their prescription and can also be reimbursed for certain out-of-pocket costs related to intravenous (IV) administration, lab tests, and monitoring related to their SKYRIZI treatment.*

Claim submission options and steps:

1. Obtain your patient's Explanation of Benefits (EOB) and ensure that it contains the following information in order for the claim to be processed successfully: **a) Dates of Service; b) Product/Procedure Codes; c) Units Billed**
2. Use any of the following options to submit a claim:

FAX
Only if the EOB is missing any of the required information in step 1, **fill out the form below and fax it with the EOB to IQVIA at 631.822.2893**

OR

ONLINE PORTALS
Follow the steps to input/upload information at either portal:
- Complete Pro: https://completepro.com/
- IQVIA Reimbursement Portal: https://completebuyandbill.opushealth.com/
- Patient submission option also available through CompleteRebate.com. Here, patients can apply for reimbursement on medication with required EOB and additional infusion information

OR

ELECTRONIC
The ANSI EDI process can be used to submit the claim (using IQVIA Vendor ID: 15060). Contact a Field Access Specialist for assistance

3. Once the claim is approved, **funds will be loaded to the patient's Skyrizi Complete Savings Card,** which the patient can use to pay for their copay

FOR FAX OPTION ONLY (631.822.2893)

Additional Reimbursement Details, if Needed

Patient information

First name: _____ Last name: _____

Address: _____

Sex: M ☐ F ☐ Date of birth: ___/___/___ Phone: _____

Skyrizi Complete Savings Card ID (if known): _____ Group number: _____

Administering provider name: _____ NPI #: _____

Administering site of care: _____ NPI #: _____

IMPORTANT INFORMATION: The categories of personal information collected in this form include patient demographic and prescribing info and administering provider name, NPI, and address. The personal information collected will be used for reimbursement and claims validation and to perform research and analytics on a de-identified (for patients only) basis. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information, visit https://abbv.ie/corpprivacy

		Date(s) of Service (MM/DD/YY):		
		Units Billed:		
Drug Select only one option per Date of Service	SKYRIZI - J2327 (Injection, risankizumab-rzaa, intravenous, 1 mg)			
	SKYRIZI - J3590; provide NDC:			
	Check box if J-code not applicable (SP/free goods)	☐	☐	☐

		Check box for relevant Date of Service		
Administration support Enter CPT® code(s) used		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
Lab support Enter CPT® code(s) used		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

For virtual or in-person support, call your Field Access Specialist, or call 1.877.COMPLETE (1.877.266.7538), or contact IQVIA Customer Support about the claim at 1.800.471.0186 (*option 5*)

ANSI=American National Standards Institute; CPT=Current Procedural Terminology; EDI=Electronic Data Interchange; NDC=national drug code; NPI=national provider identifier; SP=specialty pharmacy.
*Terms and Conditions apply. See page 2 for details.

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.

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. Drug-induced liver injury was reported in a patient with Crohn's disease 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). Interrupt treatment with SKYRIZI if drug-induced liver injury is suspected, until this diagnosis is excluded. Avoid use of live vaccines in SKYRIZI patients.

Please see additional Important Safety Information on page 2. Please click here for full Prescribing Information.

Skyrizi® risankizumab-rzaa

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

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.

Savings Card Co-pay Program Terms and 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

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

Please click here for full Prescribing Information.

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Skyrizi® risankizumab-rzaa