Skyrizi®
risankizumab-rzaa

An IL-23 inhibitor for adults with moderate to severe plaque psoriasis (Ps)[1]

SUPERIORITY DATA VS TWO ORALS

SEE RESULTS FROM TWO SEPARATE HEAD-TO-HEAD TRIALS OF SKYRIZI VS OTEZLA® (apremilast) AND SKYRIZI VS SOTYKTU® (deucravacitinib) IN ADULTS WITH MODERATE Ps[2,3]

Not an actual patient.

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.

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.

Please see additional Important Safety Information on page 9.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

DURABLE, RAPID & CLEAR

SKYRIZI EFFICACY IN Ps AFTER 2 DOSES (WEEK 16) IN UltIMMa-1 AND UltIMMa-2 (NRI)[1,4]

PASI 90 AT WEEK 16
CO-PRIMARY ENDPOINT

	SKYRIZI	PLACEBO
UltIMMa-1	75% (n=229/304)	5% (n=5/102)
UltIMMa-2	75% (n=220/294)	2% (n=2/98)

p<0.0001

sPGA 0/1 AT WEEK 16
CO-PRIMARY ENDPOINT

	SKYRIZI	PLACEBO
UltIMMa-1	88% (n=267/304)	8% (n=8/102)
UltIMMa-2	84% (n=246/294)	5% (n=5/98)

PASI 90 AT WEEK 52
SECONDARY ENDPOINT (NRI)

	SKYRIZI
UltIMMa-1	82% (n=304)
UltIMMa-2	81% (n=294)

p<0.0001

Ranked secondary endpoint (NRI): PASI 100 at Week 16[1,4]
- In UltIMMa-1, SKYRIZI 36% (n=109/304); placebo 0% (0/102)
- In UltIMMa-2, SKYRIZI 51% (n=149/294); placebo 2% (2/98)

MAINTENANCE OF RESPONSE (NRI)[1,4]

PASI 90
88% (n=398/450) of responders at Week 16 maintained response at Week 52

PASI 100
80% (n=206/258) of responders at Week 16 maintained response at Week 52

STUDY DESIGNS[1,4]

UltIMMa-1 (N=506) and UltIMMa-2 (N=491) were replicate phase 3, randomized, double-blind, placebo- and active-controlled studies evaluating the efficacy and safety of SKYRIZI (150 mg) vs placebo over 16 weeks and biologic active control over 52 weeks in adult patients with moderate to severe Ps. SKYRIZI (150 mg) was given as 2 subcutaneous doses at Weeks 0, 4, and 16 and every 12 weeks thereafter. Co-primary endpoints were PASI 90 and sPGA 0/1 at Week 16 vs placebo in each study (assessed by NRI).

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.

NRI=nonresponder imputation.

Please see additional Important Safety Information on page 9.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

IMMpulse and IMMpactful: 2 separate phase 4, 2-part, open-label, assessor-blinded studies

Skyrizi® risankizumab-rzaa

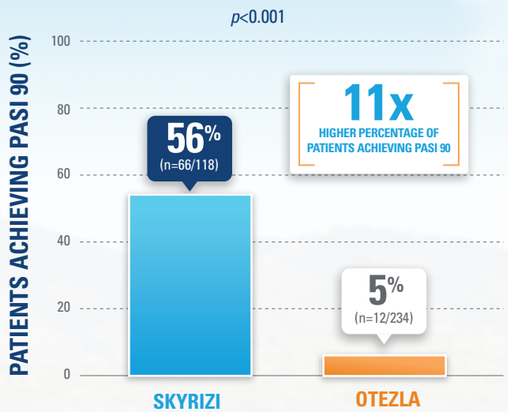
SUPERIOR RATES OF PASI 90 WITH SKYRIZI VS OTEZLA® (apremilast) AND SKYRIZI VS SOTYKTU® (deucravacitinib) AT WEEK 16[2,3]

IN 2 SEPARATE STUDIES OF PATIENTS WITH MODERATE PLAQUE PSORIASIS

SKYRIZI ACHIEVED HIGHER PASI 90 RATES AT WEEK 16[2,3]

PERIOD A

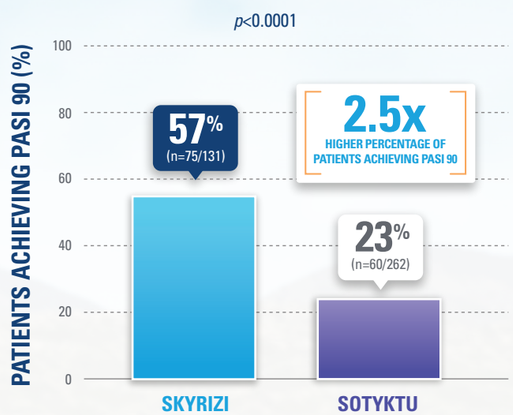
SKYRIZI VS OTEZLA® (apremilast) (NRI-MI*)[2]



Co-primary endpoints: PASI 90 and sPGA 0/1 at Week 16
sPGA 0/1 at Week 16:
SKYRIZI: 75% (n=89/118), OTEZLA: 18% (n=43/234)

Secondary endpoint: PASI 75 at Week 16:
SKYRIZI: 85% (n=100/118), OTEZLA: 19% (n=44/234)

SKYRIZI VS SOTYKTU® (deucravacitinib) (NRI-MI†)[3]



Co-primary endpoints: PASI 90 and sPGA 0/1 at Week 16
sPGA 0/1 at Week 16:
SKYRIZI: 80% (n=105/131), SOTYKTU: 40% (n=104/262)

STUDY DESIGN[2]

IMMpulse was a 2-part, 52-week, phase 4, multicenter, randomized, open-label, efficacy assessor-blinded study of SKYRIZI compared with OTEZLA for the treatment of adult subjects with moderate Ps who were candidates for systemic therapy. Patients were randomly assigned (1:2) to either SKYRIZI 150 mg as a single subcutaneous injection at Weeks 0, 4, and 16 and every 12 weeks thereafter or OTEZLA 30 mg orally twice daily, post-titration per label.

Patients were eligible for inclusion in this study if they had baseline PASI ≥12, BSA 10%-15%, and sPGA=3.

STUDY DESIGN[3]

IMMpactful is a 2-part, 52-week, phase 4, multicenter, randomized, open-label, efficacy assessor-blinded study of SKYRIZI compared to SOTYKTU for the treatment of adults with moderate plaque psoriasis who are bio-naive and candidates for systemic therapy. Patients were randomly assigned (1:2) to either SKYRIZI 150 mg as a single subcutaneous injection at Weeks 0 and 4 and every 12 weeks thereafter or SOTYKTU 6 mg daily per label.

Patients were eligible for inclusion in the study if they had a baseline PASI ≥12, BSA 10%-15%, and sPGA=3.

*In the IMMpulse (SKYRIZI vs OTEZLA) study, NRI-MI was used for handling missing data due to COVID-19.
†In the IMMpactful (SKYRIZI vs SOTYKTU) study, NRI-MI was used for handling missing data that can be reasonably assumed to be missing at random.

BSA=body surface area; PASI 90=≥90% improvement in Psoriasis Area and Severity Index; PASI 100=100% improvement in Psoriasis Area and Severity Index; sPGA 0/1=static Physician's Global Assessment of clear or almost clear.

IMMpulse: a phase 4, 2-part, open-label, assessor-blinded study

SAFETY AND DISCONTINUATION OF SKYRIZI AND OTEZLA® (apremilast) AT WEEK 16[2,5]

PERIOD A TREATMENT-EMERGENT AE (TEAE)	SKYRIZI 150 mg (n=118) n (%)	OTEZLA 30 mg (n=234) n (%)
AE	49 (42)	143 (61)
Serious AE	1 (0.8)	4 (1.7)
Any infection	29 (25)	39 (17)
Serious infection	0 (0.0)	1 (0.4)
TB	0 (0.0)	0 (0.0)
Hypersensitivity	3 (2.5)	1 (0.4)
Injection site reaction	2 (1.7)	0 (0.0)
Nausea	0 (0.0)	41 (17.5)
Diarrhea	1 (0.8)	47 (20.1)
Headache	3 (2.5)	27 (11.5)
Depression	0 (0.0)	4 (1.7)
IBD	0 (0.0)	0 (0.0)
Oral candidiasis	0 (0.0)	1 (0.4)
Malignancy	0 (0.0)	0 (0.0)

Over time, rates of AEs may change with longer exposure to product.

Certain AEs may require longer observation periods and larger patient exposure to ascertain risk.

This study was not statistically powered to compare safety.

Adverse reaction rates observed in clinical trials may not predict rates observed in clinical practice.

PERIOD A DISCONTINUATION RATES[2]

1.7% DISCONTINUED THE STUDY

SKYRIZI (n=2/118)

Reasons for discontinuation:
1 treatment withdrawal by patient
1 other

15.0% DISCONTINUED THE STUDY

OTEZLA (n=35/234)

Reasons for discontinuation:
17 treatment withdrawals by patient
6 lack of efficacy
9 AEs
3 lost to follow-up

PERIOD B DISCONTINUATION RATES[2]:

Continuous SKYRIZI arm:
8% (n=9/116)

Continuous OTEZLA arm:
18% (n=17/97)

DISCONTINUATION RATES IN SKYRIZI PIVOTAL TRIALS[4]:

UltIMMa-1
Week 16: 2% (n=5/304)
Week 52: 3% (n=8/297)

UltIMMa-2
Week 16: 1% (n=2/294)
Week 52: 4% (n=13/291)

AE=adverse event; IBD=inflammatory bowel disease; TB=tuberculosis.

IMMpactful: a phase 4, 2-part, open-label, assessor-blinded study

SAFETY AND DISCONTINUATION OF SKYRIZI AND SOTYKTU® (deucravacitinib) AT WEEK 16[3]

Skyrizi® risankizumab-rzaa

PERIOD A TREATMENT-EMERGENT AE (TEAE)	SKYRIZI 150 mg (n=131) n (%)	SOTYKTU 6 mg (n=261) n (%)
AE	44 (33.6)	112 (42.9)
Serious AE	1 (0.8)	0 (0.0)
Any infection	28 (21.4)	73 (28.0)
Serious infection	0 (0.0)	0 (0.0)
TB	0 (0.0)	0 (0.0)
Hypersensitivity	1 (0.8)	7 (2.7)
Injection site reaction	2 (1.5)	N/A
Herpes zoster	0 (0.0)	2 (0.8)
Hepatic events	1 (0.8)	1 (0.4)
Malignancies	0 (0.0)	1 (0.4)
Acne	0 (0.0)	9 (3.4)
Diarrhea	0 (0.0)	5 (1.9)
Folliculitis	0 (0.0)	6 (2.3)
Rosacea	0 (0.0)	7 (2.7)

Over time, rates of AEs may change with longer exposure to product.

Certain AEs may require longer observation periods and larger patient exposure to ascertain risk.

This study was not statistically powered to compare safety.

Adverse reaction rates observed in clinical trials may not predict rates observed in clinical practice.

Safety A population includes all those randomized at baseline who received at least 1 dose of study drug.

PERIOD A DISCONTINUATION RATES[3]

0.8% DISCONTINUED THE STUDY

SKYRIZI (n=1/131)

Reason for discontinuation:
1 other

6.9% DISCONTINUED THE STUDY

SOTYKTU (n=18/262)

Reasons for discontinuation:
6 treatment withdrawals by patient
1 other
4 AEs
7 lost to follow-up

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.

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From SKYRIZI clinical trials

~9 YEARS OF WELL-STUDIED SAFETY DATA IN Ps

LONG-TERM SAFETY WAS EVALUATED IN AN ALL-SKYRIZI DATA SET COMPRISING UP TO 9 YEARS OF EXPOSURE ACROSS 21 PHASE 1-4 STUDIES IN PATIENTS WITH MODERATE TO SEVERE Ps[6]

NO LABELED WARNINGS OR PRECAUTIONS ON MALIGNANCY, IBD, DEPRESSION, OR CANDIDIASIS

Warnings and precautions include hypersensitivity, infections, tuberculosis, and immunizations.[1]

NO LABELED BOXED WARNING

NO ROUTINE LAB MONITORING REQUIRED DURING TREATMENT[1]

Initially evaluate for TB and instruct patients to report signs and symptoms of infection.[1]

NO LABELED LIVER TESTING FOR Ps OR PsA

required for initiation or during treatment.[1]

SKYRIZI is contraindicated in patients with a history of serious hypersensitivity reaction to risankizumab-rzaa or any of the excipients.[1]

PsA safety profile is CONSISTENT with that observed in patients with Ps.[1]
Based upon safety data for Ps Week 16 and PsA Week 24.

ADVERSE EVENTS OF INTEREST AT WEEK 16[1,7-10]	SKYRIZI N=1306 % (n)	PLACEBO N=300 % (n)
Any serious AE	2.4 (31)	4 (12)
Any infection	22.1 (288)	14.7 (44)
Any serious infection	0.4 (5)	0.3 (1)
Any malignancy	0.5 (6)	0.3 (1)
Malignancy (excluding NMSC)	0.2 (3)	0.0 (0)
Depression	0.3 (4)	0.7 (2)
IBD	0.0 (0)	0.0 (0)
Candidiasis	0.2 (2)	0.0 (0)

SAFETY PROFILE ESTABLISHED IN Ps POOLED TRIAL DATA AT WEEK 16[7-9]

With SKYRIZI, rates of AEs at Week 52 were similar to those observed at Week 16. Overall long-term AE rates remained consistent up to ~9 years of exposure.[1,6]

Most common adverse reactions (≥1%) associated with SKYRIZI include upper respiratory infections, headache, fatigue, injection site reactions, and tinea infections.[1]

STUDY DESIGNS[1,4,11,12]

UltIMMa-1 (N=506) and UltIMMa-2 (N=491) were replicate phase 3, randomized, double-blind, placebo- and active-controlled studies evaluating the efficacy and safety of SKYRIZI (150 mg) vs placebo over 16 weeks and biologic active control over 52 weeks in adult patients with moderate to severe Ps. IMMvent was a phase 3, randomized, double-blind, double-dummy, active-controlled study to evaluate the efficacy and safety of SKYRIZI compared with HUMIRA® (adalimumab) in adult patients with moderate to severe Ps over 44 weeks. IMMhance was a phase 3, multicenter, randomized, double-blind, placebo-controlled study to evaluate the impact of treatment withdrawal and retreatment of SKYRIZI compared with placebo in adult patients with moderate to severe Ps.

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.

IMMpulse and IMMpactful: 2 separate phase 4, 2-part, open-label, assessor-blinded studies

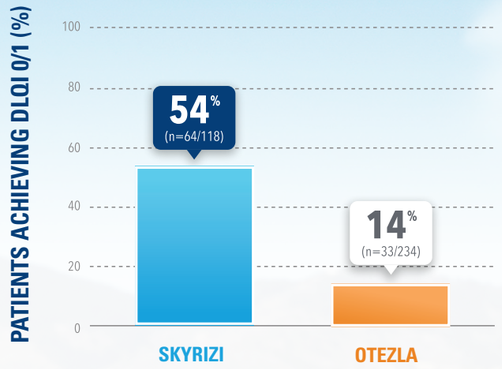
Skyrizi® risankizumab-rzaa

PATIENT-REPORTED OUTCOMES BASED ON THE DERMATOLOGY LIFE QUALITY INDEX (DLQI)

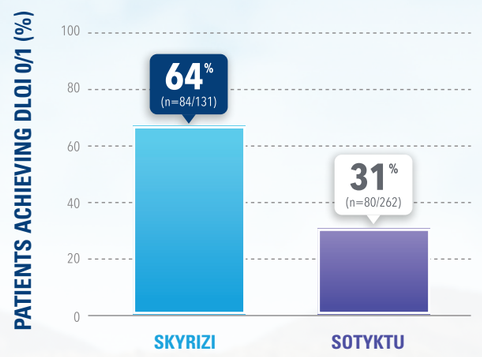
RESPONSE RATES OF DLQI 0/1 AT WEEK 16[2,3]

PERIOD A

SKYRIZI AND OTEZLA® (apremilast) (NRI-MI*)[2]



SKYRIZI AND SOTYKTU® (deucravacitinib) (NRI-MI†)[3]



LIMITATIONS

In two separate studies, DLQI 0/1 at Week 16 was a prespecified, nonranked endpoint and was not adjusted for multiplicity; thus, treatment differences cannot be regarded as statistically significant. Additionally, due to the open-label study design, patients knew which drug they were taking, which may have introduced bias.

MEAN AT BASELINE (SD)[2]	
	SKYRIZI 12.6 (6.9)
	OTEZLA 12.7 (7.1)

MEAN AT BASELINE (SD)[3]	
	SKYRIZI 12.0 (7.6)
	SOTYKTU 11.3 (6.8)

STUDY DESIGN[2]

IMMpulse was a 2-part, 52-week, phase 4, multicenter, randomized, open-label, efficacy assessor-blinded study of SKYRIZI compared with OTEZLA for the treatment of adult subjects with moderate Ps who are candidates for systemic therapy. Patients were randomly assigned (1:2) to either SKYRIZI 150 mg as a single subcutaneous injection at Weeks 0, 4, and 16 and every 12 weeks thereafter or OTEZLA 30 mg orally twice daily, post-titration per label.

STUDY DESIGN[3]

IMMpactful is a 2-part, 52-week, phase 4, multicenter, randomized, open-label, efficacy assessor-blinded study of SKYRIZI compared to SOTYKTU for the treatment of adults with moderate plaque psoriasis who are bio-naive and candidates for systemic therapy. Patients were randomly assigned (1:2) to either SKYRIZI 150 mg as a single subcutaneous injection at Week 0, Week 4, and every 12 weeks thereafter or SOTYKTU 6 mg daily per label.

In both studies, key inclusion criteria included eligible patients who had a baseline PASI ≥12, BSA 10%-15%, and sPGA=3.[2,3]

*In the IMMpulse (SKYRIZI vs OTEZLA) study, NRI-MI was used for handling missing data due to COVID-19.
†In the IMMpactful (SKYRIZI vs SOTYKTU) study, NRI-MI was used for handling missing data that can be reasonably assumed to be missing at random.

NMSC=nonmelanoma skin cancer.

Please see additional Important Safety Information on page 9.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

SKYRIZI, SOTYKTU® (deucravacitinib), AND OTEZLA® (apremilast) DOSING SCHEDULES

AS DESCRIBED IN THE PRESCRIBING INFORMATION FOR EACH PRODUCT[1,13,14]

SKYRIZI

1 INJECTION, 4 TIMES A YEAR AFTER WEEKS 0 AND 4[1]

Administered by a single 150 mg/mL subcutaneous injection

TREATMENT INITIATION

●●

Initiation doses at Weeks 0 and 4

4

MAINTENANCE DOSES IN 1 YEAR OF THERAPY[1]

Based on the first 52 weeks

SOTYKTU® (deucravacitinib)

ONCE DAILY[13]

Administered by a 6 mg oral tablet

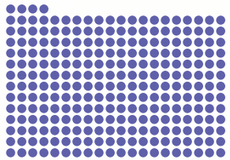
TREATMENT INITIATION

None

~365

MAINTENANCE DOSES IN 1 YEAR OF THERAPY[13]

Based on the first 52 weeks



OTEZLA® (apremilast)

TWICE DAILY[14]

Administered by a 30 mg oral tablet

TREATMENT TITRATION

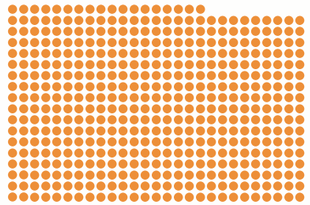
●●●●●●●●●●

Day 1: 10 mg in AM, Day 2: 10 mg in AM and 10 mg in PM, Day 3: 10 mg in AM and 20 mg in PM, Day 4: 20 mg in AM and 20 mg in PM, Day 5: 20 mg in AM and 30 mg in PM

~720

MAINTENANCE DOSES IN 1 YEAR OF THERAPY[14]

Based on the first 52 weeks



Otezla is available as Otezla XR 75mg dosed once daily for maintenance after titration per label.

● = 1 injection ●● = 1 pill

Administration Instructions: SKYRIZI is intended for use under the guidance and supervision of a healthcare professional. Patients may self-inject SKYRIZI after training in subcutaneous injection technique. Patients may experience injection site reactions. Instruct patients to read the Instructions for Use before administration.[1]

This presentation is not intended to compare the efficacy or safety of the treatments shown. While these factors are important, there are additional considerations for selecting a treatment.

Please refer to each product's Prescribing Information for additional information.

OTEZLA is indicated for the treatment of adult patients with plaque psoriasis who are candidates for phototherapy or systemic therapy. SOTYKTU is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. This presentation does not represent dosing recommendations for every clinical scenario.[12,13]

Dosing schedules as of 9/9/2025.

Skyrizi® risankizumab-rzaa

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.

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.

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.

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

References

1. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc. **2.** Stein Gold LF, Bagel J, Tyring SK, et al. Comparison of risankizumab and apremilast for the treatment of adults with moderate plaque psoriasis eligible for systemic therapy: results from a randomized, open-label, assessor-blinded phase IV study (IMMpulse). *Br J Dermatol.* 2023;189(5):540-552. **3.** Data on file, AbbVie Inc. ABVRRTI81462. **4.** Gordon KB, Strober B, Lebwohl M, et al. Efficacy and safety of risankizumab in moderate-to-severe plaque psoriasis (UltIMMa-1 and UltIMMa-2): results from two double-blind, randomised, placebo-controlled and ustekinumab-controlled phase 3 trials. *Lancet.* 2018;392(10148):650-661. **5.** Data on file, AbbVie Inc. ABVRRTI76434. **6.** Gordon KB, Blauvelt A, Bachelez H, et al. Integrated analysis of clinical trial data to evaluate long-term safety of risankizumab in patients with psoriatic disease. Poster presented at: European Academy of Dermatology and Venereology; September 25-28, 2024; Amsterdam. **7.** Leonardi C, Bachelez H, Wu JJ, et al. Long-term safety of risankizumab in patients with moderate to severe psoriasis: analysis of pooled clinical trial data. Poster presented at: American Academy of Dermatology Annual Meeting; March 1-5, 2019; Washington, DC. **8.** Reich K, Gordon KB, Tyring S, et al. Malignancy rates in patients with moderate to severe psoriasis during treatment with risankizumab: analysis of pooled clinical trial data. Poster presented at: American Academy of Dermatology Annual Meeting; March 1-5, 2019; Washington, DC. **9.** Strober B, Blauvelt A, Menter A, et al. Risankizumab treatment is associated with low and consistent infection rates over time in patients with moderate to severe psoriasis: analysis of pooled clinical trial data. Poster presented at: American Academy of Dermatology Annual Meeting; March 1-5, 2019; Washington, DC. **10.** Data on file, AbbVie Inc. ABVRRTI73738. **11.** Reich K, Gooderham M, Thaçi D, et al. Efficacy and safety of continuous risankizumab or switching from adalimumab to risankizumab treatment in patients with moderate-to-severe plaque psoriasis: results from the phase 3 IMMvent trial. Poster presented at: American Academy of Dermatology Annual Meeting; March 1-5, 2019; Washington, DC. **12.** Blauvelt A, Leonardi CL, Gooderham M, et al. Efficacy and safety of continuous risankizumab therapy vs treatment withdrawal in patients with moderate to severe plaque psoriasis: a phase 3 randomized clinical trial. *JAMA Dermatol.* 2020;156(6):649-658. **13.** SOTYKTU [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; 2022. **14.** Otezla [package insert]. Thousand Oaks, CA: Amgen Inc. **15.** Data on file, AbbVie Inc. Source: AbbVie internal analytics and Managed Markets Insight and Technology, LLC, a trademark of MMIT. Database as of April 2025. **16.** Data on file, AbbVie Inc. Integrated Symphony Health data. 2024.

SKYRIZI VS OTEZLA® (apremilast) AND SKYRIZI VS SOTYKTU® (deucravacitinib)

IN 2 SEPARATE HEAD-TO-HEAD STUDIES IN ADULTS WITH MODERATE Ps[2,3]

SUPERIORITY DATA VS TWO ORALS	SKYRIZI patients met co-primary endpoints of PASI 90 and sPGA 0/1 vs OTEZLA and vs SOTYKTU at Week 16[2,3]
WELL-STUDIED SAFETY AND DISCONTINUATION RATES	Overall rates of adverse events and discontinuation for patients on SKYRIZI, OTEZLA, or SOTYKTU[2,3]
PATIENT-REPORTED OUTCOMES	Patient-reported outcome results for those taking SKYRIZI or OTEZLA and for those taking SKYRIZI or SOTYKTU[2,3]
4 DOSES A YEAR	Only 4 doses a year after 2 initiation doses at Weeks 0 and 4 (150 mg/injection)[1]
BROAD PREFERRED* COVERAGE AND EXCEPTIONAL PATIENT EXPERIENCE	~99% preferred national commercial/Medicare Part D combined coverage.*† National commercial and Medicare Part D formulary coverage under the pharmacy benefit as of April 2025.[15]

*SKYRIZI is on a preferred tier or otherwise has preferred status on the plan's formulary.
†Coverage requirements and benefit designs vary by payer and may change over time. Please consult with payers directly for the most current reimbursement policies. Source of data: Integrated Symphony Health as of 3/2024.[16]
The term branded systemic is defined as systemic drugs that are sold by a specific name or trademark and protected by patent. OTC stands for over-the-counter medications.

Based on combined prescription data across Ps and PsA, excluding generics and OTC[16]

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.

Please see additional Important Safety Information on page 9.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.

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risankizumab-rzaa