This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

Skyrizi 150 mg solution for injection in pre-filled pen
Skyrizi 150 mg solution for injection in pre-filled syringe
Skyrizi 75 mg solution for injection in pre-filled syringe

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Skyrizi 150 mg solution for injection in pre-filled pen
Each pre-filled pen contains 150 mg risankizumab in 1 mL solution.

Skyrizi 150 mg solution for injection in pre-filled syringe
Each pre-filled syringe contains 150 mg risankizumab in 1 mL solution.

Skyrizi 75 mg solution for injection in pre-filled syringe
Each pre-filled syringe contains 75 mg risankizumab in 0.83 mL solution.

Risankizumab is a humanised immunoglobulin G1 (IgG1) monoclonal antibody selective to the interleukin (IL)-23 protein produced in Chinese Hamster Ovary cells using recombinant DNA technology.

Excipients with known effect (75 mg solution for injection only)
This medicinal product contains 68.0 mg sorbitol per 150 mg dose.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection (injection)

Skyrizi 150 mg solution for injection in pre-filled pen and in pre-filled syringe
The solution is colourless to yellow and clear to slightly opalescent.

Skyrizi 75 mg solution for injection in pre-filled syringe
The solution is colourless to slightly yellow and clear to slightly opalescent.
4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Plaque Psoriasis

Skyrizi is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.

Psoriatic Arthritis

Skyrizi, alone or in combination with methotrexate (MTX), is indicated for the treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs (DMARDs).

4.2 Posology and method of administration

Skyrizi is intended for use under the guidance and supervision of a physician experienced in the diagnosis and treatment of conditions for which Skyrizi is indicated.

Posology

The recommended dose is 150 mg administered as a subcutaneous injection at week 0, week 4, and every 12 weeks thereafter (either as two 75 mg pre-filled syringe injections or one 150 mg pre-filled pen or pre-filled syringe injection).

Consideration should be given to discontinuing treatment in patients who have shown no response after 16 weeks of treatment. Some plaque psoriasis patients with initial partial response may subsequently improve with continued treatment beyond 16 weeks.

Missed dose

If a dose is missed, the dose should be administered as soon as possible. Thereafter, dosing should be resumed at the regular scheduled time.

Special populations

Elderly (aged 65 years and over)

No dose adjustment is required (see section 5.2). There is limited information in subjects aged ≥65 years.

Renal or hepatic impairment

No specific studies were conducted to assess the effect of hepatic or renal impairment on the pharmacokinetics of risankizumab. These conditions are generally not expected to have any significant impact on the pharmacokinetics of monoclonal antibodies and no dose adjustments are considered necessary (see section 5.2).

Paediatric population

The safety and efficacy of risankizumab in children and adolescents aged 5 to 18 years have not been established. No data are available.
There is no relevant use of risankizumab in children aged below 6 years for the indication of moderate to severe plaque psoriasis or in children aged below 5 years for the indication of psoriatic arthritis.

*Overweight patients*

No dose adjustment is required (see section 5.2).

*Method of administration*

Skyrizi is administered by subcutaneous injection.

The injection should be administered in the thigh or abdomen. Patients should not inject into areas where the skin is tender, bruised, erythematous, indurated, or affected by psoriasis.

Patients may self-inject Skyrizi after training in subcutaneous injection technique. Patients should be instructed to read the ‘Instructions for use’ provided in the package leaflet before administration.

Administration of Skyrizi in the upper, outer arm may only be performed by a healthcare professional or caregiver.

*Skyrizi 75 mg solution for injection in pre-filled syringe*

Two pre-filled syringes should be injected for the full 150 mg dose. The two injections should be administered at different anatomic locations.

*4.3 Contraindications*

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Clinically important active infections (e.g. active tuberculosis, see section 4.4).

*4.4 Special warnings and precautions for use*

*Traceability*

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

*Infections*

Risankizumab may increase the risk of infection.

In patients with a chronic infection, a history of recurrent infection, or known risk factors for infection, risankizumab should be used with caution. Treatment with risankizumab should not be initiated in patients with any clinically important active infection until the infection resolves or is adequately treated.

Patients treated with risankizumab should be instructed to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops such an infection or is not responding to standard therapy for the infection, the patient should be closely monitored and risankizumab should not be administered until the infection resolves.

*Tuberculosis*

Prior to initiating treatment with risankizumab, patients should be evaluated for tuberculosis (TB) infection. Patients receiving risankizumab should be monitored for signs and symptoms of active TB.
Anti-TB therapy should be considered prior to initiating risankizumab in patients with a history of latent or active TB in whom an adequate course of treatment cannot be confirmed.

**Immunisations**

Prior to initiating therapy with risankizumab, completion of all appropriate immunisations should be considered according to current immunisation guidelines. If a patient has received live vaccination (viral or bacterial), it is recommended to wait at least 4 weeks prior to starting treatment with risankizumab. Patients treated with risankizumab should not receive live vaccines during treatment and for at least 21 weeks after treatment (see section 5.2).

**Hypersensitivity**

If a serious hypersensitivity reaction occurs, administration of risankizumab should be discontinued immediately and appropriate therapy initiated.

**Excipients with known effect**

*Skyrizi 150 mg solution for injection in pre-filled pen or pre-filled syringe*

This medicinal product contains less than 1 mmol sodium (23 mg) per pre-filled pen or pre-filled syringe, that is to say, essentially ‘sodium free’.

*Skyrizi 75 mg solution for injection in pre-filled syringe*

This medicinal product contains 68.0 mg sorbitol per 150 mg dose. The additive effect of concomitantly administered products containing sorbitol (or fructose) and dietary intake of sorbitol (or fructose) should be taken into account.

This medicinal product contains less than 1 mmol sodium (23 mg) per 150 mg dose, that is to say, essentially ‘sodium free’.

### 4.5 Interaction with other medicinal products and other forms of interaction

Risankizumab is not expected to undergo metabolism by hepatic enzymes or renal elimination. Interactions between risankizumab and inhibitors, inducers, or substrates of medicinal product metabolising enzymes are not expected, and no dose adjustment is needed (see section 5.2).

**Concomitant immunosuppressive therapy or phototherapy**

The safety and efficacy of risankizumab in combination with immunosuppressants, including biologics or phototherapy, have not been evaluated.

### 4.6 Fertility, pregnancy and lactation

**Women of childbearing potential**

Women of childbearing potential should use an effective method of contraception during treatment and for at least 21 weeks after treatment.

**Pregnancy**

There are no or limited amount of data (less than 300 pregnancy outcomes) from the use of risankizumab in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of risankizumab during pregnancy.
Breast-feeding

It is unknown whether risankizumab is excreted in human milk. Human IgGs are known to be excreted in breast milk during the first few days after birth, which decreases to low concentrations soon afterwards; consequently, a risk to the breast-fed infant cannot be excluded during this short period. A decision should be made whether to discontinue/abstain from risankizumab therapy, taking into account the benefit of breast-feeding to the child and the benefit of risankizumab therapy to the woman.

Fertility

The effect of risankizumab on human fertility has not been evaluated. Animal studies do not indicate direct or indirect harmful effects with respect to fertility.

4.7 Effects on ability to drive and use machines

Risankizumab has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most frequently reported adverse reactions were upper respiratory infections.

Tabulated list of adverse reactions

Adverse reactions for risankizumab from clinical studies (Table 1) for psoriasis and psoriatic arthritis are listed by MedDRA system organ class and are based on the following convention: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1 000 to < 1/100); rare (≥ 1/10 000 to < 1/1 000); and very rare (< 1/10 000).

Table 1: List of adverse reactions

<table>
<thead>
<tr>
<th>System Organ Class</th>
<th>Frequency</th>
<th>Adverse reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections and infestations</td>
<td>Very common</td>
<td>Upper respiratory infections&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Common</td>
<td>Tinea infections&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Uncommon</td>
<td>Folliculitis</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td>Common</td>
<td>Headache&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td>Common</td>
<td>Pruritus</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td>Common</td>
<td>Fatigue&lt;sup&gt;d&lt;/sup&gt; Injection site reactions&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> Includes: respiratory tract infection (viral, bacterial, or unspecified), sinusitis (including acute), rhinitis, nasopharyngitis, pharyngitis (including viral), tonsillitis, laryngitis, tracheitis

<sup>b</sup> Includes: tinea pedis, tinea cruris, body tinea, tinea versicolor, tinea manuum, onychomycosis, fungal skin infection

<sup>c</sup> Includes: headache, tension headache, sinus headache

<sup>d</sup> Includes: fatigue, asthenia

<sup>e</sup> Includes: injection site bruising, erythema, haematoma, haemorrhage, irritation, pain, pruritus, reaction, swelling, induration, rash
Infections

The rate of infections was 75.5 events per 100 subject-years from the psoriasis clinical studies and 43.0 events per 100 subject-years from the psoriatic arthritis clinical studies, including long-term exposure to risankizumab. The majority of cases were non-serious and mild to moderate in severity and did not lead to discontinuation of risankizumab. The rate of serious infections was 1.7 events per 100 subject-years from the psoriasis studies and 2.6 events per 100 subject-years from the psoriatic arthritis studies (see section 4.4).

Psoriatic arthritis

Overall, the safety profile observed in patients with psoriatic arthritis treated with risankizumab was consistent with the safety profile observed in patients with plaque psoriasis.

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity with risankizumab. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay.

For subjects treated with risankizumab at the recommended clinical dose for up to 52 weeks in psoriasis clinical trials, treatment-emergent anti-drug antibodies and neutralising antibodies were detected in 24% (263/1 079) and 14% (150/1 079) of evaluated subjects, respectively.

For most subjects with psoriasis, antibodies to risankizumab including neutralising antibodies were not associated with changes in clinical response or safety. Among the few subjects (approximately 1%; 7/1 000 at week 16 and 6/598 at week 52) with high antibody titres (>128), clinical response appeared to be reduced. The incidence of injection site reactions is numerically higher in the anti-drug antibody-positive groups compared with anti-drug antibody-negative groups over short-term (16 weeks: 2.7% vs 1.3%) and longer-term treatment (>52 weeks: 5.0% vs 3.3%). The injection site reactions were all mild to moderate in severity, none were serious, and none led to discontinuation of risankizumab.

For subjects treated with risankizumab at the recommended clinical dose for up to 28 weeks in psoriatic arthritis clinical trials, treatment-emergent anti-drug antibodies and neutralizing antibodies were detected in 12.1% (79/652) and 0% (0/652) of evaluated subjects, respectively. Antibodies to risankizumab were not associated with changes in clinical response or safety for psoriatic arthritis.

Elderly

There is limited safety information in subjects aged ≥65 years.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

In the event of overdose, it is recommended that the patient be monitored for any signs or symptoms of adverse reactions and appropriate symptomatic treatment be instituted immediately.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Immunosuppressants, interleukin inhibitors, ATC code: L04AC18

Mechanism of action

Risankizumab is a humanised immunoglobulin G1 (IgG1) monoclonal antibody that selectively binds with high affinity to the p19 subunit of human interleukin 23 (IL-23) cytokine without binding to IL-12 and inhibits its interaction with the IL-23 receptor complex. IL-23 is a cytokine that is involved in inflammatory and immune responses. By blocking IL-23 from binding to its receptor, risankizumab inhibits IL-23-dependent cell signalling and release of proinflammatory cytokines.

Pharmacodynamic effects

In a study of subjects with psoriasis, expression of genes associated with the IL-23/IL-17 axis was decreased in the skin after single doses of risankizumab. Reductions in epidermal thickness, infiltration of inflammatory cells, and expression of psoriatic disease markers were also observed in psoriatic lesions.

In a study of subjects with psoriatic arthritis, statistically significant and clinically meaningful reduction from baseline was observed at week 24 in IL-23 and IL-17-associated biomarkers, including serum IL-17A, IL-17F, and IL-22 following treatment with risankizumab 150 mg subcutaneously at week 0, week 4, and every 12 weeks thereafter.

Clinical efficacy and safety

Plaque Psoriasis

The efficacy and safety of risankizumab was assessed in 2 109 subjects with moderate to severe plaque psoriasis in four multicentre, randomised, double-blind studies (ULTIMMA-1, ULTIMMA-2, IMMANCE, and IMMVENT). Enrolled subjects were 18 years of age and older with plaque psoriasis who had a body surface area (BSA) involvement of ≥10%, a static Physician Global Assessment (sPGA) score of ≥3 in the overall assessment (plaque thickness/induration, erythema, and scaling) of psoriasis on a severity scale of 0 to 4, a Psoriasis Area and Severity Index (PASI) score ≥12, and who were candidates for systemic therapy or phototherapy.

Overall, subjects had a median baseline PASI score of 17.8, a median BSA of 20.0%, and a median baseline DLQI score of 13.0. Baseline sPGA score was severe in 19.3% of subjects and moderate in 80.7% of subjects. A total of 9.8% of study subjects had a history of diagnosed psoriatic arthritis.

Across all studies, 30.9% of subjects were naïve to any systemic therapy (including non-biologic and biologic), 38.1% had received prior phototherapy or phototherapy, 48.3% had received prior non-biologic systemic therapy, 42.1% had received prior biologic therapy, and 23.7% had received at least one anti-TNF alpha agent for the treatment of psoriasis.

ULTIMMA-1 and ULTIMMA-2

ULTIMMA-1 and ULTIMMA-2 enrolled 997 subjects (598 randomised to risankizumab 150 mg, 199 to ustekinumab 45 mg or 90 mg [according to baseline weight], and 200 to placebo). Subjects received treatment at week 0, week 4, and every 12 weeks thereafter. The two co-primary endpoints in ULTIMMA-1 and ULTIMMA-2 were the proportion of subjects who achieved 1) PASI 90 response and 2) sPGA score of clear or almost clear (sPGA 0 or 1) at week 16 versus placebo. The results for the co-primary and other endpoints are presented in Table 2 and Figure 1.
Table 2: Efficacy and quality of life results in adults with plaque psoriasis in ULTIMMA-1 and ULTIMMA-2

<table>
<thead>
<tr>
<th></th>
<th>ULTIMMA-1</th>
<th>ULTIMMA-2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risankizumab (N=304) n (%)</td>
<td>Ustekinumab (N=100) n (%)</td>
</tr>
<tr>
<td>sPGA of clear or almost clear (0 or 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>267 (87.8)</td>
<td>63 (63.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>262 (86.2)</td>
<td>54 (54.0)</td>
</tr>
<tr>
<td>sPGA of clear (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>112 (36.8)</td>
<td>14 (14.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>175 (57.6)</td>
<td>21 (21.0)</td>
</tr>
<tr>
<td>PASI 75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 12</td>
<td>264 (86.8)</td>
<td>70 (70.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>279 (91.8)</td>
<td>70 (70.0)</td>
</tr>
<tr>
<td>PASI 90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>229 (75.3)</td>
<td>42 (42.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>249 (81.9)</td>
<td>44 (44.0)</td>
</tr>
<tr>
<td>PASI 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>109 (35.9)</td>
<td>12 (12.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>171 (56.3)</td>
<td>21 (21.0)</td>
</tr>
<tr>
<td>DLQI 0 or 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>200 (65.8)</td>
<td>43 (43.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>229 (75.3)</td>
<td>47 (47.0)</td>
</tr>
<tr>
<td>PSS 0 (symptom-free)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>89 (29.3)</td>
<td>15 (15.0)</td>
</tr>
<tr>
<td>Week 52</td>
<td>173 (56.9)</td>
<td>30 (30.0)</td>
</tr>
</tbody>
</table>

All comparisons of risankizumab versus ustekinumab and placebo achieved p<0.001 except for PASI 75 at week 52 in ULTIMMA-2 where p=0.001

a Co-primary endpoints versus placebo
b No impact on health-related quality of life
c Psoriasis Symptom Scale (PSS) of 0 means no symptoms of pain, itching, redness, and burning during the last 24 hours
Figure 1: Time course of mean percent change from baseline of PASI in ULTIMMA-1 and ULTIMMA-2

<table>
<thead>
<tr>
<th>PASI Percent Change from Baseline</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>-10</td>
<td>4</td>
</tr>
<tr>
<td>-20</td>
<td>8</td>
</tr>
<tr>
<td>-30</td>
<td>12</td>
</tr>
<tr>
<td>-40</td>
<td>16</td>
</tr>
<tr>
<td>-50</td>
<td>22</td>
</tr>
<tr>
<td>-60</td>
<td>28</td>
</tr>
<tr>
<td>-70</td>
<td>34</td>
</tr>
<tr>
<td>-80</td>
<td>40</td>
</tr>
<tr>
<td>-90</td>
<td>46</td>
</tr>
<tr>
<td>-100</td>
<td>52</td>
</tr>
</tbody>
</table>

RZB = risankizumab  
UST = ustekinumab  
PBO = placebo  
p<0.001 at each time point

Examination of age, gender, race, body weight ≤130 kg, baseline PASI score, concurrent psoriatic arthritis, previous non-biologic systemic treatment, previous biologic treatment, and previous failure of a biologic did not identify differences in response to risankizumab among these subgroups.

Improvements were observed in psoriasis involving the scalp, the nails, and the palms and soles at week 16 and week 52 in subjects treated with risankizumab.
Table 3: Mean changes from baseline in NAPSI, PPASI, and PSSI

<table>
<thead>
<tr>
<th></th>
<th>UTIMMA-1</th>
<th>UTIMMA-2</th>
<th>IMMHANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risankizumab</td>
<td>Placebo</td>
<td>Risankizumab</td>
</tr>
<tr>
<td>NAPSI: Change at Week 16 (SE)</td>
<td>N=178; -9.0 (1.17)</td>
<td>N=56; 2.1 (1.86) ***</td>
<td>N=177; -7.5 (1.03)</td>
</tr>
<tr>
<td>PPASI: Change at Week 16 (SE)</td>
<td>N=95; -5.93 (0.324) ***</td>
<td>N=34; -3.17 (0.445) ***</td>
<td>N=86; -7.24 (0.558)</td>
</tr>
<tr>
<td>PSSI: Change at Week 16 (SE)</td>
<td>N=267; -17.6 (0.47) ***</td>
<td>N=92; -2.9 (0.69) ***</td>
<td>N=252; -18.4 (0.52)</td>
</tr>
<tr>
<td>NAPSI: Change at Week 52 (SE)</td>
<td>N=178; -15.7 (0.94)</td>
<td>-</td>
<td>N=183; -16.7 (0.85)</td>
</tr>
<tr>
<td>PPASI: Change at Week 52 (SE)</td>
<td>N=95; -6.16 (0.296)</td>
<td>-</td>
<td>N=89; -8.35 (0.274)</td>
</tr>
<tr>
<td>PSSI: Change at Week 52 (SE)</td>
<td>N=269; -17.9 (0.34)</td>
<td>-</td>
<td>N=259; -18.8 (0.24)</td>
</tr>
</tbody>
</table>

Nail Psoriasis Severity Index (NAPSI), Palmoplantar Psoriasis Severity Index (PPASI), Psoriasis Scalp Severity Index (PSSI), and Standard Error (SE)

** P < 0.01 comparing to risankizumab
*** P < 0.001 comparing to risankizumab

Anxiety and depression, as measured by the Hospital Anxiety and Depression Scale (HADS), improved in the risankizumab group at week 16 compared with the placebo group.

**Maintenance of response**

In an integrated analysis of subjects receiving risankizumab in ULTIMMA-1 and ULTIMMA-2 for PASI 100 responders at week 16, 79.8% (206/258) of the subjects who continued on risankizumab maintained the response at week 52. For PASI 90 responders at week 16, 88.4% (398/450) of subjects maintained the response at week 52.

The safety profile of risankizumab with up to 77 weeks of exposure was consistent with the profile observed up to 16 weeks.

**IMMHANCE**

IMMHANCE enrolled 507 subjects (407 randomised to risankizumab 150 mg and 100 to placebo). Subjects received treatment at week 0, week 4, and every 12 weeks thereafter. Subjects who were originally on risankizumab and had a sPGA response of clear or almost clear at week 28 were re-randomised to continue risankizumab every 12 weeks through week 88 (with follow-up 16 weeks after last risankizumab dose) or have treatment withdrawn.

At week 16, risankizumab was superior to placebo on the co-primary endpoints of sPGA of clear or almost clear (83.5% risankizumab vs 7.0% placebo) and PASI 90 (73.2% risankizumab vs 2.0% placebo).
Of the 31 subjects from the IMMHANCE study with latent tuberculosis (TB) who did not receive prophylaxis during the study, none developed active TB during the mean follow-up of 55 weeks on risankizumab.

Among subjects with sPGA of clear or almost clear at week 28 in IMMHANCE, 81.1% (90/111) of subjects re-randomised to continued treatment with risankizumab maintained this response at week 104 compared with 7.1% (16/225) who were re-randomised to withdrawal from risankizumab. Of these subjects, 63.1% (70/111) of subjects re-randomised to continued treatment with risankizumab achieved a sPGA clear response at week 104 compared with 2.2% (5/225) who were re-randomised to withdrawal from risankizumab.

Among subjects who achieved sPGA of clear or almost clear at week 28 and relapsed to sPGA of moderate or severe following withdrawal from risankizumab, 83.7% (128/153) regained sPGA of clear or almost clear after 16 weeks of retreatment. Loss of sPGA of clear or almost clear was observed as early as 12 weeks after a missed dose. Of those subjects who were re-randomised to withdraw from treatment, 80.9% (182/225) relapsed, and the median time to relapse was 295 days. No characteristics were identified to predict the time to loss of response or likelihood of regaining response at the individual patient level.

IMMVENT

IMMVENT enrolled 605 subjects (301 randomised to risankizumab and 304 to adalimumab). Subjects randomised to risankizumab received 150 mg of treatment at week 0, week 4, and every 12 weeks thereafter. Subjects randomised to adalimumab received 80 mg at week 0, 40 mg at week 1, and 40 mg every other week through week 15. Starting at week 16, subjects who were receiving adalimumab continued or switched treatment based on response:

- PASI 50 were switched to risankizumab
- PASI 50 to <PASI 90 were re-randomised to either continue adalimumab or switch to risankizumab
- PASI 90 continued to receive adalimumab

Results are presented in Table 4.

Table 4: Efficacy and quality of life results at week 16 in adults with plaque psoriasis in IMMVENT

<table>
<thead>
<tr>
<th></th>
<th>Risankizumab (N=301) n (%)</th>
<th>Adalimumab (N=304) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>sPGA of clear or almost clear&lt;sup&gt;a&lt;/sup&gt;</td>
<td>252 (83.7)</td>
<td>183 (60.2)</td>
</tr>
<tr>
<td>PASI 75</td>
<td>273 (90.7)</td>
<td>218 (71.7)</td>
</tr>
<tr>
<td>PASI 90&lt;sup&gt;a&lt;/sup&gt;</td>
<td>218 (72.4)</td>
<td>144 (47.4)</td>
</tr>
<tr>
<td>PASI 100</td>
<td>120 (39.9)</td>
<td>70 (23.0)</td>
</tr>
<tr>
<td>DLQI 0 or 1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>198 (65.8)</td>
<td>148 (48.7)</td>
</tr>
</tbody>
</table>

All comparisons achieved p<0.001
<sup>a</sup> Co-primary endpoints
<sup>b</sup> No impact on health-related quality of life

For subjects who had PASI 50 to <PASI 90 with adalimumab at week 16 and were re-randomised, differences in PASI 90 response rates between switching to risankizumab and continuing adalimumab were noted 4 weeks after re-randomisation (49.1% vs 26.8%, respectively).

Results 28 weeks after re-randomisation are presented in Table 5 and Figure 2.
Table 5: Efficacy results 28 weeks after re-randomisation in IMMVENT

<table>
<thead>
<tr>
<th>PASI 90</th>
<th>Switched to Risankizumab (N=53) n (%)</th>
<th>Continued on Adalimumab (N=56) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35 (66.0)</td>
<td>12 (21.4)</td>
</tr>
<tr>
<td>PASI 100</td>
<td>21 (39.6)</td>
<td>4 (7.1)</td>
</tr>
</tbody>
</table>

All comparisons achieved p<0.001

Figure 2: Time course of PASI 90 after re-randomisation in IMMVENT

In 270 subjects who switched from adalimumab to risankizumab without a washout period, the safety profile of risankizumab was similar to that in subjects who initiated risankizumab after washout of any prior systemic therapies.

Psoriatic arthritis

Risankizumab has been shown to improve signs and symptoms, physical function, health-related quality of life, and the proportion of subjects with no radiographic progression in adults with active psoriatic arthritis (PsA).

The safety and efficacy of risankizumab were assessed in 1 407 subjects with active PsA in 2 randomised, double-blind, placebo-controlled studies (964 in KEEPSAKE1 and 443 in KEEPSAKE2).

Subjects in these studies had a diagnosis of PsA for at least 6 months based on the Classification Criteria for Psoriatic Arthritis (CASPAR), a median duration of PsA of 4.9 years at baseline, ≥ 5 tender joints and ≥ 5 swollen joints, and active plaque psoriasis or nail psoriasis at baseline. 55.9% of subjects had ≥ 3% BSA with active plaque psoriasis. 63.4% and 27.9% of subjects had enthesitis and dactylitis, respectively. In KEEPSAKE1, where nail psoriasis was further assessed, 67.3% had nail psoriasis.

In both studies, subjects were randomised to receive risankizumab 150 mg or placebo at weeks 0, 4, and 16. Starting from week 28, all subjects received risankizumab every 12 weeks.
In KEEPSAKE1, all subjects had a previous inadequate response or intolerance to non-biologic DMARD therapy and were biologic naïve. In KEEPSAKE2, 53.5% of subjects had a previous inadequate response or intolerance to non-biologic DMARD therapy and 46.5% of subjects had a previous inadequate response or intolerance to biologic therapy.

In both studies, 59.6% of subjects were receiving concomitant methotrexate (MTX), 11.6% were receiving concomitant non-biologic DMARDs other than MTX, and 28.9% were receiving risankizumab monotherapy.

Clinical Response

Treatment with risankizumab resulted in significant improvement in measures of disease activity compared with placebo at week 24. For both studies, the primary endpoint was the proportion of subjects who achieved an American College of Rheumatology (ACR) 20 response at week 24. The key efficacy results are shown in Table 6.

Table 6. Efficacy results in studies KEEPSAKE1 and KEEPSAKE2

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Placebo</th>
<th>Risankizumab</th>
<th>Placebo</th>
<th>Risankizumab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=481</td>
<td>N=483</td>
<td>N=219</td>
<td>N=224</td>
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<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>ACR20 Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 16</td>
<td>161 (33.4)</td>
<td>272 (56.3)</td>
<td>55 (25.3)</td>
<td>108 (48.3)</td>
</tr>
<tr>
<td>Week 24</td>
<td>161 (33.5)</td>
<td>277 (57.3)</td>
<td>58 (26.5)</td>
<td>115 (51.3)</td>
</tr>
<tr>
<td>Week 52*</td>
<td>-</td>
<td>338/433 (78.1)</td>
<td>-</td>
<td>131/191 (68.6)</td>
</tr>
<tr>
<td>ACR50 Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24</td>
<td>54 (11.3)</td>
<td>162 (33.4)</td>
<td>20 (9.3)</td>
<td>59 (26.3)</td>
</tr>
<tr>
<td>Week 52*</td>
<td>-</td>
<td>209/435 (48.0)</td>
<td>-</td>
<td>72/192 (37.5)</td>
</tr>
<tr>
<td>ACR70 Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24</td>
<td>23 (4.7)</td>
<td>74 (15.3)</td>
<td>13 (5.9)</td>
<td>27 (12.0)</td>
</tr>
<tr>
<td>Week 52*</td>
<td>-</td>
<td>125/437 (28.6)</td>
<td>-</td>
<td>37/192 (19.3)</td>
</tr>
<tr>
<td>Resolution of Enthesitis (LEI=0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24*</td>
<td>156/448 (34.8)</td>
<td>215/444 (48.4)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Week 52*</td>
<td>-</td>
<td>244/393 (62.1)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Resolution of Dactylitis (LDI=0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24*</td>
<td>104/204 (51.0)</td>
<td>128/188 (68.1)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Week 52*</td>
<td>-</td>
<td>143/171 (83.6)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Minimal Disease Activity (MDA) Response</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Week 24</td>
<td>49 (10.2)</td>
<td>121 (25.0)</td>
<td>25 (11.4)</td>
<td>57 (25.6)</td>
</tr>
<tr>
<td>Week 52*</td>
<td>-</td>
<td>183/444 (41.2)</td>
<td>-</td>
<td>61/197 (31.0)</td>
</tr>
</tbody>
</table>

*a. multiplicity-controlled p≤0.001 risankizumab vs placebo comparison.
*b. nominal p≤0.001 risankizumab vs placebo comparison.
*c. nominal p≤0.05 risankizumab vs placebo comparison.
*d. Summarized from pooled data from KEEPSAKE1 and KEEPSAKE2 for subjects with baseline LEI >0.
*e. Summarized from pooled data from KEEPSAKE1 and KEEPSAKE2 for subjects with baseline LDI >0.
Response over time

In KEEPSAKE1, a greater ACR20 response was observed in the risankizumab group compared to placebo as early as week 4 (25.7%) and the treatment difference continued over time to week 24 (Figure 3).

Figure 3. Percent of subjects achieving ACR20 responses in study KEEPSAKE1 through week 24

A greater ACR20 response for risankizumab versus placebo was seen as early as week 4 in 19.6% of subjects in KEEPSAKE2.

Responses observed in risankizumab groups were similar regardless of concomitant non-biologic DMARD use, number of prior non-biologic DMARDs, age, gender, race, and BMI. In KEEPSAKE2, responses were seen regardless of prior biologic therapy.

The safety profile of risankizumab with up to 52 weeks of exposure was consistent with the profile observed up to 24 weeks.

In both studies, the proportion of subjects achieving modified PsA Response Criteria (PsARC) at week 24 was higher in subjects receiving risankizumab compared with placebo. In addition, subjects receiving risankizumab achieved greater improvement in Disease Activity Score (28 joints) using CRP (DAS28-CRP) compared with placebo at week 24. Improvements were maintained through week 52 for PsARC and DAS28-CRP.

Treatment with risankizumab resulted in improvements in individual ACR components, Health Assessment Questionnaire-Disability Index (HAQ-DI), pain assessment, and high-sensitivity C-reactive protein (hsCRP) compared with placebo.

Treatment with risankizumab resulted in statistically significant improvement in the skin manifestations of psoriasis in subjects with PsA.

Treatment with risankizumab resulted in statistically significant improvement in the modified Nail Psoriasis Severity Index (mNAPSI) and the 5-point Physician’s Global Assessment of Fingernail
Psoriasis (PGA-F) scores in subjects with nail psoriasis at baseline (67.3%) in KEEPSAKE1. This improvement was maintained through week 52 (see Table 7).

Table 7. Nail psoriasis efficacy results in KEEPSAKE1

<table>
<thead>
<tr>
<th></th>
<th>Placebo N=338</th>
<th>Risankizumab N=309</th>
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</thead>
<tbody>
<tr>
<td>mNAPSI change from baseline a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24</td>
<td>-5.57</td>
<td>-9.76 b</td>
</tr>
<tr>
<td>Week 52</td>
<td>-</td>
<td>-13.64</td>
</tr>
<tr>
<td>PGA-F change from baseline a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24</td>
<td>-0.4</td>
<td>-0.8 b</td>
</tr>
<tr>
<td>Week 52</td>
<td>-</td>
<td>-1.2</td>
</tr>
<tr>
<td>PGA-F clear/minimal and ≥2-grade improvement c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 24 n (%)</td>
<td>30 (15.9)</td>
<td>71 (37.8) d</td>
</tr>
<tr>
<td>Week 52 n (%)</td>
<td>-</td>
<td>105 (58.0)</td>
</tr>
</tbody>
</table>

a. Summarized for subjects with baseline nail psoriasis (Placebo N=338; risankizumab N=309; at week 52, for mNAPSI, observed risankizumab N=290, for PGA-F, observed risankizumab N=291).

b. Multiplicity-controlled p≤0.001 risankizumab vs placebo comparison.

c. Summarized for subjects with nail psoriasis and a PGA-F overall global assessment score of ‘Mild’, ‘Moderate’ or ‘Severe’ at Baseline (Placebo N=190; risankizumab N=188, at week 52 observed risankizumab N=181).

d. Nominal p≤0.001 risankizumab vs placebo comparison.

Radiographic Response

In KEEPSAKE1, inhibition of progression of structural damage was assessed radiographically and expressed as the change in modified Total Sharp Score (mTSS) at week 24, compared with baseline. The mTSS score was modified for PsA by addition of hand distal interphalangeal (DIP) joints. At week 24, the mean progression of structural damage with risankizumab (mean mTSS 0.23) compared with placebo (mean mTSS 0.32) was not statistically significant. At week 24, the proportion of subjects with no radiographic progression (defined as a change from baseline in mTSS ≤ 0) was higher with risankizumab (92.4%) compared with placebo (87.7%). This response was maintained through week 52.

Physical Function and Health Related Quality of Life

In both studies, subjects treated with risankizumab showed statistically significant improvement from baseline in physical function as assessed by HAQ-DI at week 24 (KEEPSAKE1 (-0.31) compared with placebo (-0.11) (p ≤0.001)), (KEEPSAKE2 (-0.22) compared with placebo (-0.05) (p ≤0.001)). At week 24, a greater proportion of subjects achieved a clinically meaningful reduction of at least 0.35 in HAQ-DI score from baseline in the risankizumab group compared with placebo. Improvements in physical function were maintained through week 52.

In both studies, subjects treated with risankizumab demonstrated significant improvements in the SF-36 V2 physical component summary scores and in FACIT-Fatigue scores at week 24, compared with placebo, with improvements maintained through week 52.

At baseline, psoriatic spondylitis was reported in 19.6% (7.9% diagnosed by radiograph or MRI) of subjects in KEEPSAKE1 and 19.6% (5% diagnosed by radiograph or MRI) of subjects in
Subjects with clinically assessed psoriatic spondylitis who were treated with risankizumab showed improvements from baseline in Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) scores compared with placebo at week 24. Improvements were maintained through week 52. There is insufficient evidence of the efficacy of risankizumab in subjects with radiograph- or MRI-confirmed ankylosing spondylitis-like psoriatic arthropathy due to the small number of subjects studied.

**Paediatric population**

The European Medicines Agency has deferred the obligation to submit the results of studies with risankizumab in one or more subsets of the paediatric population in the treatment of plaque psoriasis and psoriatic arthritis (see section 4.2 for information on paediatric use).

**5.2 Pharmacokinetic properties**

The pharmacokinetics of risankizumab was similar between subjects with plaque psoriasis and subjects with psoriatic arthritis.

**Absorption**

Risankizumab exhibited linear pharmacokinetics with dose-proportional increase in exposure across dose ranges of 18 to 300 mg and 0.25 to 1 mg/kg administered subcutaneously, and 200 to 1 200 mg and 0.01 to 5 mg/kg administered intravenously.

Following subcutaneous dosing of risankizumab, peak plasma concentrations were achieved between 3-14 days after dosing with an estimated absolute bioavailability of 89%. With dosing of 150 mg at week 0, week 4, and every 12 weeks thereafter, estimated steady-state peak and trough plasma concentrations are 12 and 2 µg/mL, respectively.

Bioequivalence was demonstrated between a single risankizumab 150 mg injection and two risankizumab 75 mg injections in pre-filled syringe. Bioequivalence was also demonstrated between risankizumab 150 mg pre-filled syringe and pre-filled pen.

**Distribution**

The mean (±standard deviation) steady-state volume of distribution (Vss) of risankizumab was 11.4 (±2.7) L in Phase 3 studies in subjects with psoriasis, indicating that the distribution of risankizumab is primarily confined to the vascular and interstitial spaces.

**Biotransformation**

Therapeutic IgG monoclonal antibodies are typically degraded into small peptides and amino acids via catabolic pathways in the same manner as endogenous IgGs. Risankizumab is not expected to be metabolised by cytochrome P450 enzymes.

**Elimination**

The mean (±standard deviation) systemic clearance (CL) of risankizumab was 0.3 (±0.1) L/day in Phase 3 studies in subjects with psoriasis. The mean terminal elimination half-life of risankizumab ranged from 28 to 29 days in Phase 3 studies in subjects with psoriasis.

As an IgG1 monoclonal antibody, risankizumab is not expected to be filtered by glomerular filtration in the kidneys or to be excreted as an intact molecule in the urine.

**Linearity/non-linearity**
Risankizumab exhibited linear pharmacokinetics with approximately dose-proportional increases in systemic exposure ($C_{\text{max}}$ and AUC) in the evaluated dose ranges of 18 to 300 mg or 0.25 to 1 mg/kg subcutaneous administration in healthy subjects or subjects with psoriasis.

**Interactions**

An interaction study was conducted in subjects with plaque psoriasis to assess the effect of repeated administration of risankizumab on the pharmacokinetics of cytochrome P450 (CYP) sensitive probe substrates. The exposure of caffeine (CYP1A2 substrate), warfarin (CYP2C9 substrate), omeprazole (CYP2C19 substrate), metoprolol (CYP2D6 substrate) and midazolam (CYP3A substrate) following risankizumab treatment were comparable to their exposures prior to risankizumab treatment, indicating no clinically meaningful interactions through these enzymes.

Population pharmacokinetic analyses indicated that risankizumab exposure was not impacted by concomitant treatment used by some subjects with plaque psoriasis or psoriatic arthritis during the clinical studies.

**Special populations**

**Paediatric population**

The pharmacokinetics of risankizumab in paediatric subjects has not been established.

**Elderly**

Of the 2 234 subjects with plaque psoriasis exposed to risankizumab, 243 were 65 years or older and 24 subjects were 75 years or older. Of the 1 542 subjects with psoriatic arthritis exposed to risankizumab, 246 were 65 years or older and 34 subjects were 75 years or older. No overall differences in risankizumab exposure were observed between older and younger subjects who received risankizumab.

**Patients with renal or hepatic impairment**

No specific studies have been conducted to determine the effect of renal or hepatic impairment on the pharmacokinetics of risankizumab. Based on population pharmacokinetic analyses, serum creatinine levels, creatinine clearance, or hepatic function markers (ALT/AST/bilirubin) did not have a meaningful impact on risankizumab clearance in subjects with plaque psoriasis or psoriatic arthritis.

As an IgG1 monoclonal antibody, risankizumab is mainly eliminated via intracellular catabolism and is not expected to undergo metabolism via hepatic cytochrome P450 enzymes or renal elimination.

**Body weight**

Risankizumab clearance and volume of distribution increase as body weight increases which may result in reduced efficacy in subjects with high body weight (>130 kg). However, this observation is based on a limited number of subjects. No dose adjustment based on body weight is currently recommended.

**Gender or race**

The clearance of risankizumab was not significantly influenced by gender or race in adult subjects with plaque psoriasis or psoriatic arthritis. No clinically meaningful differences in risankizumab exposure were observed in Chinese or Japanese subjects compared with Caucasian subjects in a clinical pharmacokinetic study.

**5.3 Preclinical safety data**
Nonclinical data revealed no special hazard for humans based on repeat-dose toxicity studies including safety pharmacology evaluations, and a reproductive and developmental toxicity study in cynomolgus monkeys at doses of up to 50 mg/kg/week (producing exposures of about 70 times the clinical exposure at maximum recommended human dose [MRHD]).

Mutagenicity and carcinogenicity studies have not been conducted with risankizumab. In a 26-week chronic toxicology study in cynomolgus monkeys at doses of up to 50 mg/kg/week (about 70 times the clinical exposure at the MRHD), there were no pre-neoplastic or neoplastic lesions observed and no adverse immunotoxicity or cardiovascular effects were noted.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Skyrizi 150 mg solution for injection in pre-filled pen and pre-filled syringe

Sodium acetate trihydrate
Acetic acid
Trehalose dihydrate
Polysorbate 20
Water for injections

Skyrizi 75 mg solution for injection in pre-filled syringe

Disodium succinate hexahydrate
Succinic acid
Sorbitol
Polysorbate 20
Water for injections

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

2 years

6.4 Special precautions for storage

Store in a refrigerator (2°C - 8°C). Do not freeze.
Keep the pre-filled pen or the pre-filled syringe(s) in the outer carton in order to protect from light.

Skyrizi 150 mg pre-filled pen or pre-filled syringe may be stored out of the refrigerator (up to a maximum of 25°C) for up to 24 hours in the original carton to protect from light.

6.5 Nature and contents of container

Skyrizi 150 mg solution for injection in pre-filled pen

Pre-filled glass syringe assembled in a pre-filled pen with an automatic needle sleeve.
Skyrizi 150 mg solution for injection in pre-filled syringe

Pre-filled glass syringe with a fixed needle and needle cover, assembled in an automatic needle guard.

Skyrizi 150 mg is available in packs containing 1 pre-filled pen or 1 pre-filled syringe.

Skyrizi 75 mg solution for injection in pre-filled syringe

Pre-filled glass syringe with a fixed needle and needle cover, assembled in an automatic needle guard.

Skyrizi 75 mg is available in packs containing 2 pre-filled syringes and 2 alcohol pads.

Not all presentations may be marketed.

6.6 Special precautions for disposal and other handling

Skyrizi 150 mg solution for injection in pre-filled pen

Before injecting, patients should remove the carton from the refrigerator and allow to reach room temperature out of direct sunlight (30 to 90 minutes) without removing the pre-filled pen from the carton.

The solution should be colourless to yellow and clear to slightly opalescent.

Skyrizi 150 mg solution for injection in pre-filled syringe

Before injecting, patients may remove the carton from the refrigerator and allow to reach room temperature out of direct sunlight (15 to 30 minutes) without removing the pre-filled syringe from the carton.

The solution should be colourless to yellow and clear to slightly opalescent.

Skyrizi 75 mg solution for injection in pre-filled syringe

Before injecting, patients may remove the carton from the refrigerator and allow to reach room temperature out of direct sunlight (15 to 30 minutes) without removing the pre-filled syringes from the carton.

The solution should be colourless to slightly yellow and clear to slightly opalescent.

Two pre-filled syringes should be injected for the full 150 mg dose.

General special precautions

Prior to use, a visual inspection of each pre-filled pen or pre-filled syringe is recommended. The solution may contain a few translucent to white product-related particles. Skyrizi should not be used if the solution is cloudy or discoloured, or contains large particles. Do not shake the pre-filled pen or pre-filled syringe.

Comprehensive instructions for use are provided in the package leaflet.

Each pre-filled pen or pre-filled syringe is for single use only.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.
7. MARKETING AUTHORISATION HOLDER

AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
Germany

8. MARKETING AUTHORISATION NUMBER(S)

Skyrizi 150 mg solution for injection in pre-filled pen
EU/1/19/1361/002

Skyrizi 150 mg solution for injection in pre-filled syringe
EU/1/19/1361/003

Skyrizi 75 mg solution for injection in pre-filled syringe
EU/1/19/1361/001

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 26 April 2019

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.
ANNEX II

A. MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE(S) AND MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT
A. MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE(S) AND MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) of the biological active substance(s)

Boehringer Ingelheim Pharma GmbH & Co. KG
Birkendorfer Str. 65
88397 Biberach a.d.R.
GERMANY

and

AbbVie Bioresearch Center Inc.
100 Research Drive
Worcester
MA 01605
USA

and

AbbVie Biotechnology Ltd.
Road Number 2, Km 59.2
Barceloneta
Puerto Rico 00617
USA

Name and address of the manufacturer(s) responsible for batch release

AbbVie S.r.l.
148, Pontina Km 52 snc
04011
Campoverde di Aprilia (LT)
ITALY

and

AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
GERMANY

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

• Periodic safety update reports (PSURs)

The requirements for submission of PSURs for this medicinal product are set out in the list of
Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:
- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.
ANNEX III

LABELLING AND PACKAGE LEAFLET
A. LABELLING
PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

Skyrizi 150 mg solution for injection in pre-filled pen
risankizumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

One pre-filled pen contains 150 mg risankizumab in 1 mL.

3. LIST OF EXCIPIENTS

Excipients: sodium acetate trihydrate, acetic acid, trehalose dihydrate, polysorbate 20 and water for
injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

solution for injection
1 pre-filled pen

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.

Subcutaneous use

For single use only.

Open here

For more information and support on Skyrizi go to www.skyrizi.eu or scan this code.
QR code to be included

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT
OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP
9. **SPECIAL STORAGE CONDITIONS**

Store in a refrigerator. Do not freeze.

Keep the pre-filled pen in the outer carton in order to protect from light.

10. **SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

11. **NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
Germany

12. **MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1361/002

13. **BATCH NUMBER**

Lot

14. **GENERAL CLASSIFICATION FOR SUPPLY**

15. **INSTRUCTIONS ON USE**

16. **INFORMATION IN BRAILLE**

skyrizi 150 mg

17. **UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

18. **UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC
SN
NN
# Minimum Particulars to Appear on Small Immediate Packaging Units

## Pen Label

<table>
<thead>
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<th>1. Name of the Medicinal Product and Route(s) of Administration</th>
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<tr>
<th>6. Other</th>
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</thead>
</table>
PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

Skyrizi 150 mg solution for injection in pre-filled syringe
risankizumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

One pre-filled syringe contains 150 mg risankizumab in 1 mL.

3. LIST OF EXCIPIENTS

Excipients: sodium acetate trihydrate, acetic acid, trehalose dihydrate, polysorbate 20 and water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

solution for injection
1 pre-filled syringe

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Subcutaneous use
For single use only.
Open here
For more information and support on Skyrizi go to www.skyrizi.eu or scan this code.
QR code to be included

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY


8. EXPIRY DATE

EXP
9. **SPECIAL STORAGE CONDITIONS**

Store in a refrigerator. Do not freeze.

Keep the pre-filled syringe in the outer carton in order to protect from light.

10. **SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

11. **NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
Germany

12. **MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1361/003

13. **BATCH NUMBER**

Lot

14. **GENERAL CLASSIFICATION FOR SUPPLY**

15. **INSTRUCTIONS ON USE**

16. **INFORMATION IN BRAILLE**

skyrizi 150 mg

17. **UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

18. **UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC
SN
NN
<table>
<thead>
<tr>
<th><strong>MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SYRINGE SLEEVE</strong></td>
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</tbody>
</table>

1. **NAME OF THE MEDICINAL PRODUCT**

Skyrizi 150 mg solution for injection in pre-filled syringe
risankizumab

2. **NAME OF THE MARKETING AUTHORISATION HOLDER**

AbbVie (as logo)

3. **EXPIRY DATE**

4. **BATCH NUMBER**

5. **OTHER**

For subcutaneous use
<table>
<thead>
<tr>
<th>MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS</th>
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<tbody>
<tr>
<td>SYRINGE LABEL</td>
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<thead>
<tr>
<th>1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION</th>
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<tbody>
<tr>
<td>Skyrizi 150 mg injection</td>
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<tr>
<td>risankizumab</td>
</tr>
<tr>
<td>SC</td>
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<table>
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<tr>
<th>2. METHOD OF ADMINISTRATION</th>
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<th>3. EXPIRY DATE</th>
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<th>4. BATCH NUMBER</th>
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<td>Lot</td>
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<tr>
<th>5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT</th>
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</table>

<table>
<thead>
<tr>
<th>6. OTHER</th>
</tr>
</thead>
</table>
### Particulars to appear on the outer packaging

#### Outer carton

1. **Name of the medicinal product**
   
   Skyrizi 75 mg solution for injection in pre-filled syringe risankizumab

2. **Statement of active substance(s)**
   
   One pre-filled syringe contains 75 mg risankizumab in 0.83 mL.

3. **List of excipients**
   
   Excipients: disodium succinate hexahydrate, succinic acid, sorbitol, polysorbate 20 and water for injections. See leaflet for further information.

4. **Pharmaceutical form and contents**
   
   Solution for injection
   - 2 pre-filled syringes
   - 2 alcohol pads

5. **Method and route(s) of administration**
   
   Read the package leaflet before use.
   
   Subcutaneous use
   
   For single use only.
   
   Open here
   
   For more information and support on Skyrizi go to [www.skyrizi.eu](http://www.skyrizi.eu) or scan this code.

6. **Special warning that the medicinal product must be stored out of the sight and reach of children**
   
   Keep out of the sight and reach of children.

7. **Other special warning(s), if necessary**

8. **Expiry date**
   
   EXP
9. **SPECIAL STORAGE CONDITIONS**

Store in a refrigerator. Do not freeze.

Keep the pre-filled syringes in the outer carton in order to protect from light.

10. **SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

11. **NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
Germany

12. **MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1361/001

13. **BATCH NUMBER**

Lot

14. **GENERAL CLASSIFICATION FOR SUPPLY**

15. **INSTRUCTIONS ON USE**

16. **INFORMATION IN BRAILLE**

**skyrizi 75 mg**

17. **UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

18. **UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC
SN
NN
### MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

#### BLISTER

<table>
<thead>
<tr>
<th>1. NAME OF THE MEDICINAL PRODUCT</th>
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<tr>
<td>Skyrizi 75 mg solution for injection in pre-filled syringe risankizumab</td>
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<th>2. NAME OF THE MARKETING AUTHORISATION HOLDER</th>
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<tr>
<th>3. EXPIRY DATE</th>
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<td>EXP</td>
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<table>
<thead>
<tr>
<th>5. OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>For subcutaneous use</td>
</tr>
</tbody>
</table>
MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Skyrizi 75 mg injection
risankizumab
SC

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER
B. PACKAGE LEAFLET
Package leaflet: Information for the patient

Skyrizi 150 mg solution for injection in pre-filled pen
risankizumab

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet
1. What Skyrizi is and what it is used for
2. What you need to know before you use Skyrizi
3. How to use Skyrizi
4. Possible side effects
5. How to store Skyrizi
6. Contents of the pack and other information
7. Instructions for use

1. What Skyrizi is and what it is used for

Skyrizi contains the active substance risankizumab.

Skyrizi is used to treat the following inflammatory diseases:

- Plaque psoriasis
- Psoriatic arthritis

How Skyrizi works
This medicine works by stopping a protein in the body called ‘IL-23’, which causes inflammation.

Plaque psoriasis
Skyrizi is used to treat adults with moderate to severe plaque psoriasis. Skyrizi reduces inflammation and can therefore help reduce symptoms of plaque psoriasis such as burning, itching, pain, redness, and scaling.

Psoriatic arthritis
Skyrizi is used to treat adults with psoriatic arthritis. Psoriatic arthritis is a disease that causes inflamed joints and psoriasis. If you have active psoriatic arthritis, you may first be given other medicines. If these medicines do not work well enough, you will be given Skyrizi either alone or in combination with other medicines to treat your psoriatic arthritis.

Skyrizi reduces inflammation and can therefore help to reduce pain, stiffness, and swelling in and around your joints, pain and stiffness in your spine, psoriatic skin rash, psoriatic nail damage, and it may slow down damage to the bone and cartilage in your joints. These effects can ease your normal daily activities, reduce tiredness, and improve your quality of life.
2. **What you need to know before you use Skyrizi**

**Do not use Skyrizi**
- if you are allergic to risankizumab or any of the other ingredients of this medicine (listed in section 6).
- if you have an infection, including active tuberculosis, which your doctor thinks is important.

**Warnings and precautions**
Talk to your doctor, pharmacist or nurse before and during the use of Skyrizi:
- if you currently have an infection or if you have an infection that keeps coming back.
- if you have tuberculosis (TB).
- if you have recently received or plan to receive an immunisation (vaccine). You should not be given certain types of vaccines while using Skyrizi.

It is important to keep a record of the batch number of your Skyrizi.
Every time you get a new pack of Skyrizi, note down the date and the batch number (which is on the packaging after “Lot”) and keep this information in a safe place.

**Allergic reactions**
Tell your doctor or seek medical help immediately if you notice any signs of an allergic reaction while you are taking Skyrizi such as:
- difficulty breathing or swallowing
- swelling of the face, lips, tongue or throat
- severe itching of the skin, with a red rash or raised bumps

**Children and adolescents**
Skyrizi is not recommended for children and adolescents under 18 years of age. This is because Skyrizi has not been studied in this age group.

**Other medicines and Skyrizi**
Tell your doctor, pharmacist or nurse:
- if you are using, have recently used or might use any other medicines.
- if you have recently had or are going to have a vaccination. You should not be given certain types of vaccines while using Skyrizi.

If you are not sure, talk to your doctor, pharmacist or nurse before and during the use of Skyrizi.

**Pregnancy, contraception and breast-feeding**
If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before using this medicine. This is because it is not known how this medicine will affect the baby.

If you are a woman who can become pregnant, you should use contraception while using this medicine and for at least 21 weeks after your last dose of Skyrizi.

If you are breast-feeding or are planning to breast-feed, talk to your doctor before using this medicine.

**Driving and using machines**
Skyrizi is not likely to affect your driving and use of machines.

**Skyrizi contains sodium**
This medicine contains less than 1 mmol sodium (23 mg) per pre-filled pen, that is to say essentially ‘sodium-free’.
3. **How to use Skyrizi**

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

This medicine is given as an injection under your skin (called a ‘subcutaneous injection’).

**How much Skyrizi to use**

Each dose is 150 mg given as a single injection. After the first dose, you will have the next dose 4 weeks later, and then every 12 weeks.

You and your doctor, pharmacist or nurse will decide if you should inject this medicine yourself. Do not inject yourself with this medicine unless you have been trained by your doctor, pharmacist or nurse. A caregiver may also give your injection after they have been trained.

*Read section 7 ‘Instructions for use’ at the end of this leaflet before injecting Skyrizi yourself.*

**If you use more Skyrizi than you should**

If you have used more Skyrizi than you should or the dose has been given sooner than prescribed, talk to your doctor.

**If you forget to use Skyrizi**

If you forget to use Skyrizi, inject a dose as soon as you remember. Talk to your doctor if you are not sure what to do.

**If you stop using Skyrizi**

Do not stop using Skyrizi without talking to your doctor first. If you stop treatment, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor, pharmacist, or nurse.

4. **Possible side effects**

Like all medicines, this medicine can cause side effects, although not everybody gets them.

**Serious side effects**

Talk to your doctor or get medical help immediately if you have symptoms of a serious infection such as:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath, cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters

Your doctor will decide if you can keep using Skyrizi.

**Other side effects**

Tell your doctor, pharmacist or nurse if you get any of the following side effects

**Very common:** may affect more than 1 in 10 people

- upper respiratory infections with symptoms such as sore throat and stuffy nose

**Common:** may affect up to 1 in 10 people

- feeling tired
- fungal skin infection
- injection site reactions (such as redness or pain)
- itching
- headache

**Uncommon:** may affect up to 1 in 100 people
- small raised red bumps on the skin

**Reporting of side effects**
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. **How to store Skyrizi**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the pen label and outer carton after ‘EXP’.

Store in a refrigerator (2°C - 8°C). Do not freeze.

Keep the pre-filled pen in the original carton in order to protect from light.

If needed, you may also store the pre-filled pen out of the refrigerator (up to a maximum of 25°C) for up to 24 hours in the original carton to protect from light.

Do not use this medicine if the liquid is cloudy or contains flakes or large particles.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. **Contents of the pack and other information**

**What Skyrizi contains**
- The active substance is risankizumab. Each pre-filled pen contains 150 mg of risankizumab in 1 mL solution.
- The other ingredients are sodium acetate trihydrate, acetic acid, trehalose dihydrate, polysorbate 20 and water for injections.

**What Skyrizi looks like and contents of the pack**
Skyrizi is a clear and colourless to yellow liquid in a pre-filled pen. The liquid may contain tiny white or clear particles.

Each pack contains 1 pre-filled pen.

**Marketing Authorisation Holder and Manufacturer**

AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
Germany

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:
This leaflet was last revised in

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:

Detailed and updated information on this product is available by scanning the QR code included below or on the outer carton with a smartphone. The same information is also available at the following URL:
www.skyrizi.eu

QR code to be included

To listen to or request a copy of this leaflet in <Braille>, <large print> or <audio>, please contact the local representative of the Marketing Authorisation Holder.

7. Instructions for use

Please read all of section 7 before using Skyrizi

Skyrizi pre-filled pen

Green activator button  Inspection window  Needle  Dark grey cap (Do not remove until ready to inject)

Grey hand grips  White needle sleeve

Important information to know before you inject Skyrizi

- You should receive training on how to inject Skyrizi before giving an injection. Talk to your doctor, pharmacist or nurse if you need help
- Mark the dates on your calendar so you know when to inject Skyrizi
- Keep Skyrizi in the original carton to protect the medicine from light until it is time to use it
- Take the carton out of the refrigerator and leave it at room temperature, out of direct sunlight, for 30 to 90 minutes before injecting
- Do not inject if the liquid in the inspection window is cloudy or contains flakes or large particles. The liquid should look clear to yellow and may contain tiny white or clear particles
- **Do not** shake the pen
- Wait to remove the dark grey cap until just before the injection

**Return this medicine to the pharmacy**
- if the expiry date (EXP) has passed
- if the liquid has ever been frozen (even if thawed)
- if the pen has been dropped or damaged
- if the carton perforations are broken

**Follow the steps below each time you use Skyrizi**

**STEP 1**

Take the carton out of the refrigerator and leave it at room temperature, out of direct sunlight, for **30 to 90 minutes** before injecting.
- **Do not** remove the pen from the carton while allowing Skyrizi to reach room temperature
- **Do not** warm Skyrizi in any other way. For example, **do not** warm it in a microwave or in hot water
- **Do not** use the pen if liquid has been frozen, even if it has been thawed

**STEP 2**

Place the following items on a clean, flat surface:
- 1 pre-filled pen
- 1 alcohol pad (not included in the carton)
- 1 cotton ball or gauze pad (not included in the carton)
- special disposal container (not included in the carton)

Wash and dry your hands.
STEP 3

Choose from these 3 areas to inject:
- front of left thigh
- front of right thigh
- your belly (abdomen) at least 5 cm from your belly button (navel)

Before the injection, wipe where you will inject in a circular motion with an alcohol pad.
- Do not touch or blow on the injection site after it is cleaned. Allow the skin to dry before injecting
- Do not inject through clothes
- Do not inject into skin that is sore, bruised, red, hard, scarred, or has stretch marks
- Do not inject into areas affected by psoriasis

STEP 4

Hold the pen with the dark grey cap pointing up, as shown.
- Pull the dark grey cap straight off
- Throw the dark grey cap away

Check the liquid through the inspection window.
- It is normal to see bubbles in the liquid
- The liquid should look clear to yellow and may contain tiny white or clear particles
- Do not use if the liquid is cloudy or contains flakes or large particles
### STEP 5

**Abdomen or Thigh**

- Hold the pen with your fingers on the grey hand grips.
- Turn the pen so that the white needle sleeve points toward the injection site and you can see the green activator button.
- Gently squeeze the skin at your injection site to make a raised area and hold it firmly.
- Place the white needle sleeve straight (90° angle) against the raised injection site.

### STEP 6

**First “click”**  
15 seconds

- Hold the pen so that you can see the green activator button and inspection window.
- Push and keep pressing the pen down against the raised injection site.
  - The pen will activate only if the white needle sleeve is pressed down against the injection site before pressing the green activator button.
- Press the green activator button and hold the pen for 15 seconds.
  - A loud “click” means the start of the injection.

### STEP 7

**Second “click”**

- Keep pressing the pen down against the injection site.
- The injection is complete when:
  - the pen has made a second “click” **or**
  - the yellow indicator has filled the inspection window.
- This takes **up to 15** seconds.
| STEP 8 | When the injection is complete, slowly pull the pen out from the skin.  
|        | The white needle sleeve will cover the needle tip and make another “click.”  
|        | After completing the injection, place a cotton ball or gauze pad on the skin at the injection site.  
|        | - Do not rub the injection site  
|        | - Slight bleeding at the injection site is normal |

| STEP 9 | Throw away the used pen in a special disposal container straight after use.  
|        | - Do not throw away the used pen in the household waste  
|        | - Your doctor, pharmacist or nurse will tell you how to return the full special disposal container |
This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Skyrizi is and what it is used for
2. What you need to know before you use Skyrizi
3. How to use Skyrizi
4. Possible side effects
5. How to store Skyrizi
6. Contents of the pack and other information
7. Instructions for use

1. What Skyrizi is and what it is used for

Skyrizi contains the active substance risankizumab.

Skyrizi is used to treat the following inflammatory diseases:

- Plaque psoriasis
- Psoriatic arthritis

How Skyrizi works
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Plaque psoriasis
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Psoriatic arthritis
Skyrizi is used to treat adults with psoriatic arthritis. Psoriatic arthritis is a disease that causes inflamed joints and psoriasis. If you have active psoriatic arthritis, you may first be given other medicines. If these medicines do not work well enough, you will be given Skyrizi either alone or in combination with other medicines to treat your psoriatic arthritis.

Skyrizi reduces inflammation and can therefore help to reduce pain, stiffness, and swelling in and around your joints, pain and stiffness in your spine, psoriatic skin rash, psoriatic nail damage, and it may slow down damage to the bone and cartilage in your joints. These effects can ease your normal daily activities, reduce tiredness, and improve your quality of life.
2. What you need to know before you use Skyrizi

Do not use Skyrizi

- if you are allergic to risankizumab or any of the other ingredients of this medicine (listed in section 6).
- if you have an infection, including active tuberculosis, which your doctor thinks is important.

Warnings and precautions

Talk to your doctor, pharmacist or nurse before and during the use of Skyrizi:

- if you currently have an infection or if you have an infection that keeps coming back.
- if you have tuberculosis (TB).
- if you have recently received or plan to receive an immunisation (vaccine). You should not be given certain types of vaccines while using Skyrizi.

It is important to keep a record of the batch number of your Skyrizi. Every time you get a new pack of Skyrizi, note down the date and the batch number (which is on the packaging after “Lot”) and keep this information in a safe place.

Allergic reactions

Tell your doctor or seek medical help immediately if you notice any signs of an allergic reaction while you are taking Skyrizi such as:

- difficulty breathing or swallowing
- swelling of the face, lips, tongue or throat
- severe itching of the skin, with a red rash or raised bumps

Children and adolescents

Skyrizi is not recommended for children and adolescents under 18 years of age. This is because Skyrizi has not been studied in this age group.

Other medicines and Skyrizi

Tell your doctor, pharmacist or nurse:

- if you are using, have recently used or might use any other medicines.
- if you have recently had or are going to have a vaccination. You should not be given certain types of vaccines while using Skyrizi.

If you are not sure, talk to your doctor, pharmacist or nurse before and during the use of Skyrizi.

Pregnancy, contraception and breast-feeding

If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before using this medicine. This is because it is not known how this medicine will affect the baby.

If you are a woman who can become pregnant, you should use contraception while using this medicine and for at least 21 weeks after your last dose of Skyrizi.

If you are breast-feeding or are planning to breast-feed, talk to your doctor before using this medicine.

Driving and using machines

Skyrizi is not likely to affect your driving and use of machines.

Skyrizi contains sodium

This medicine contains less than 1 mmol sodium (23 mg) per pre-filled syringe, that is to say essentially ‘sodium-free’.
3. How to use Skyrizi

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

This medicine is given as an injection under your skin (called a ‘subcutaneous injection’).

How much Skyrizi to use

Each dose is 150 mg given as a single injection. After the first dose, you will have the next dose 4 weeks later, and then every 12 weeks.

You and your doctor, pharmacist or nurse will decide if you should inject this medicine yourself. Do not inject yourself with this medicine unless you have been trained by your doctor, pharmacist or nurse. A caregiver may also give your injection after they have been trained.

Read section 7 ‘Instructions for use’ at the end of this leaflet before injecting Skyrizi yourself.

If you use more Skyrizi than you should

If you have used more Skyrizi than you should or the dose has been given sooner than prescribed, talk to your doctor.

If you forget to use Skyrizi

If you forget to use Skyrizi, inject a dose as soon as you remember. Talk to your doctor if you are not sure what to do.

If you stop using Skyrizi

Do not stop using Skyrizi without talking to your doctor first. If you stop treatment, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor, pharmacist, or nurse.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Talk to your doctor or get medical help immediately if you have symptoms of a serious infection such as:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath, cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters

Your doctor will decide if you can keep using Skyrizi.

Other side effects

Tell your doctor, pharmacist or nurse if you get any of the following side effects

Very common: may affect more than 1 in 10 people

- upper respiratory infections with symptoms such as sore throat and stuffy nose

Common: may affect up to 1 in 10 people

- feeling tired
- fungal skin infection
- injection site reactions (such as redness or pain)
• itching
• headache

**Uncommon:** may affect up to 1 in 100 people
• small raised red bumps on the skin

**Reporting of side effects**
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the [national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. **How to store Skyrizi**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the syringe label and outer carton after ‘EXP’.

Store in a refrigerator (2°C - 8°C). Do not freeze.

Keep the pre-filled syringe in the original carton in order to protect from light.

If needed, you may also store the pre-filled syringe out of the refrigerator (up to a maximum of 25°C) for up to 24 hours in the original carton to protect from light.

Do not use this medicine if the liquid is cloudy or contains flakes or large particles.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. **Contents of the pack and other information**

**What Skyrizi contains**
- The active substance is risankizumab. Each pre-filled syringe contains 150 mg of risankizumab in 1 mL solution.
- The other ingredients are sodium acetate trihydrate, acetic acid, trehalose dihydrate, polysorbate 20 and water for injections.

**What Skyrizi looks like and contents of the pack**
Skyrizi is a clear and colourless to yellow liquid in a pre-filled syringe with needle guard. The liquid may contain tiny white or clear particles.

Each pack contains 1 pre-filled syringe.

**Marketing Authorisation Holder**
AbbVie Deutschland GmbH & Co. KG
Knollstrasse
67061 Ludwigshafen
Germany

**Manufacturer**
AbbVie S.r.l.
For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

**België/Belgique/Belgien**
AbbVie SA  
Tel/Tel: +32 10 477811

**Lietuva**
AbbVie UAB  
Tel: +370 5 205 3023

**България**
AbbVie ЕООД  
Tel: +359 2 90 30 430

**Luxembourg/Luxemburg**
AbbVie SA  
Belgique/Belgien  
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**Slovenská republika**
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This leaflet was last revised in

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:

Detailed and updated information on this product is available by scanning the QR code included below or on the outer carton with a smartphone. The same information is also available at the following URL:
www.skyrizi.eu

QR code to be included

To listen to or request a copy of this leaflet in <Braille>, <large print> or <audio>, please contact the local representative of the Marketing Authorisation Holder.

7. Instructions for use

Please read all of section 7 before using Skyrizi

Skyrizi pre-filled syringe

Important information to know before you inject Skyrizi
- You should receive training on how to inject Skyrizi before giving an injection. Talk to your doctor, pharmacist or nurse if you need help
- Mark the dates on your calendar so you know when to inject Skyrizi
- Keep Skyrizi in the original carton to protect the medicine from light until it is time to use it
- **Do not** inject if the liquid is cloudy or contains flakes or large particles. The liquid should look clear to yellow and may contain tiny white or clear particles
- **Do not** shake the syringe
- Wait to remove the needle cover until just before the injection

**Return this medicine to the pharmacy**
- if the expiry date (EXP) has passed
- if the liquid has ever been frozen (even if thawed)
- if the syringe has been dropped or damaged
- if the carton perforations are broken

**For a more comfortable injection:** Take the carton out of the refrigerator and leave it at room temperature, out of direct sunlight, for **15 to 30 minutes** before injecting.
- Skyrizi should not be warmed in any other way (for example, in a microwave or in hot water)
- Keep the syringe in the carton until ready to inject

**Follow the steps below each time you use Skyrizi**

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Remove the pre-filled syringe from the cardboard sleeve by holding the finger grip.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Do not</strong> hold or pull plunger rod when removing the pre-filled syringe from the sleeve</td>
</tr>
<tr>
<td></td>
<td>Place the following items on a clean, flat surface:</td>
</tr>
<tr>
<td></td>
<td>- 1 pre-filled syringe</td>
</tr>
<tr>
<td></td>
<td>- 1 alcohol pad (not included in the carton)</td>
</tr>
<tr>
<td></td>
<td>- 1 cotton ball or gauze pad (not included in the carton)</td>
</tr>
<tr>
<td></td>
<td>- special disposal container (not included in the carton)</td>
</tr>
<tr>
<td></td>
<td>Wash and dry your hands.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 2</th>
<th>Choose from these 3 areas to inject:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas to inject</td>
<td>front of left thigh</td>
</tr>
<tr>
<td></td>
<td>front of right thigh</td>
</tr>
<tr>
<td></td>
<td>your belly (abdomen) at least 5 cm from your belly button (navel)</td>
</tr>
<tr>
<td></td>
<td>Before the injection, wipe where you will inject in a circular motion with an alcohol pad.</td>
</tr>
<tr>
<td></td>
<td><strong>Do not</strong> touch or blow on the injection site after it is cleaned. Allow the skin to dry before injecting</td>
</tr>
</tbody>
</table>
- **Do not** inject through clothes
- **Do not** inject into skin that is sore, bruised, red, hard, scarred, or has stretch marks
- **Do not** inject into areas affected by psoriasis
STEP 3

Hold the syringe with the covered needle pointing down, as shown.

Check the liquid in the syringe.
- It is normal to see bubbles in the window
- The liquid should look clear to yellow and may contain tiny white or clear particles
- **Do not** use if the liquid is cloudy or contains flakes or large particles

STEP 4

Removing the needle cover:
- Hold the syringe in one hand between the finger grip and needle cover
- With the other hand, gently pull the needle cover straight off
- **Do not** hold or pull the plunger rod when removing the needle cover
- You may see a drop of liquid at the end of the needle. This is normal
- Throw away the needle cover
- **Do not** touch the needle with your fingers or let the needle touch anything

STEP 5

Hold the body of the syringe in one hand between the thumb and index finger, like you would a pencil.

Gently pinch the area of cleaned skin with your other hand and hold it firmly.

Insert the needle all the way into the skin at about a 45-degree angle using a quick, short movement. Keep the syringe steady at the same angle.
STEP 6

Slowly push the plunger rod all the way in until all of the liquid is injected.

Pull the needle out of the skin while keeping the syringe at the same angle.

Slowly take your thumb off the plunger rod. The needle will then be covered by the needle guard.
- The needle guard will not activate unless all the liquid is injected
- Speak to your doctor, pharmacist or nurse if you think you have not given a full dose

Press a cotton ball or gauze pad where you have injected and hold for 10 seconds.

Do not rub the skin where you have injected. You may have slight bleeding from where you injected. This is normal.

STEP 7

Throw away the used syringe in a special disposal container straight after use.
- Do not throw away the used syringe in the household waste
- Your doctor, pharmacist or nurse will tell you how to return the full special disposal container
Package leaflet: Information for the patient

Skyrizi 75 mg solution for injection in pre-filled syringe
risankizumab

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Skyrizi is and what it is used for
2. What you need to know before you use Skyrizi
3. How to use Skyrizi
4. Possible side effects
5. How to store Skyrizi
6. Contents of the pack and other information
7. Instructions for use

1. What Skyrizi is and what it is used for

Skyrizi contains the active substance risankizumab.

Skyrizi is used to treat the following inflammatory diseases:

- Plaque psoriasis
- Psoriatic arthritis

How Skyrizi works
This medicine works by stopping a protein in the body called ‘IL-23’, which causes inflammation.

Plaque psoriasis
Skyrizi is used to treat adults with moderate to severe plaque psoriasis. Skyrizi reduces inflammation and can therefore help reduce symptoms of plaque psoriasis such as burning, itching, pain, redness, and scaling.

Psoriatic arthritis
Skyrizi is used to treat adults with psoriatic arthritis. Psoriatic arthritis is a disease that causes inflamed joints and psoriasis. If you have active psoriatic arthritis, you may first be given other medicines. If these medicines do not work well enough, you will be given Skyrizi either alone or in combination with other medicines to treat your psoriatic arthritis.

Skyrizi reduces inflammation and can therefore help to reduce pain, stiffness, and swelling in and around your joints, pain and stiffness in your spine, psoriatic skin rash, psoriatic nail damage, and it may slow down damage to the bone and cartilage in your joints. These effects can ease your normal daily activities, reduce tiredness, and improve your quality of life.
2. **What you need to know before you use Skyrizi**

**Do not use Skyrizi**
- if you are allergic to risankizumab or any of the other ingredients of this medicine (listed in section 6).
- if you have an infection, including active tuberculosis, which your doctor thinks is important.

**Warnings and precautions**
Talk to your doctor, pharmacist or nurse before and during the use of Skyrizi:
- if you currently have an infection or if you have an infection that keeps coming back.
- if you have tuberculosis (TB).
- if you have recently received or plan to receive an immunisation (vaccine). You should not be given certain types of vaccines while using Skyrizi.

It is important to keep a record of the batch number of your Skyrizi. Every time you get a new pack of Skyrizi, note down the date and the batch number (which is on the packaging after “Lot”) and keep this information in a safe place.

**Allergic reactions**
Tell your doctor or seek medical help immediately if you notice any signs of an allergic reaction while you are taking Skyrizi such as:
- difficulty breathing or swallowing
- swelling of the face, lips, tongue or throat
- severe itching of the skin, with a red rash or raised bumps

**Children and adolescents**
Skyrizi is not recommended for children and adolescents under 18 years of age. This is because Skyrizi has not been studied in this age group.

**Other medicines and Skyrizi**
Tell your doctor, pharmacist or nurse:
- if you are using, have recently used or might use any other medicines.
- if you have recently had or are going to have a vaccination. You should not be given certain types of vaccines while using Skyrizi.

If you are not sure, talk to your doctor, pharmacist or nurse before and during the use of Skyrizi.

**Pregnancy, contraception and breast-feeding**
If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before using this medicine. This is because it is not known how this medicine will affect the baby.

If you are a woman who can become pregnant, you should use contraception while using this medicine and for at least 21 weeks after your last dose of Skyrizi.

If you are breast-feeding or are planning to breast-feed, talk to your doctor before using this medicine.

**Driving and using machines**
Skyrizi is not likely to affect your driving and use of machines.

**Skyrizi contains sorbitol and sodium**
This medicine contains 68 mg sorbitol per 150 mg dose.
This medicine contains less than 1 mmol sodium (23 mg) per 150 mg dose, that is to say essentially ‘sodium-free’.

3. How to use Skyrizi

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

This medicine is given as 2 injections under your skin (called ‘subcutaneous injections’).

How much Skyrizi to use

The dose is 150 mg given as two 75 mg injections.

<table>
<thead>
<tr>
<th></th>
<th>How much?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st dose</td>
<td>150 mg (two 75 mg injections)</td>
<td>When your doctor tells you</td>
</tr>
<tr>
<td>2nd dose</td>
<td>150 mg (two 75 mg injections)</td>
<td>4 weeks after 1st dose</td>
</tr>
<tr>
<td>Further doses</td>
<td>150 mg (two 75 mg injections)</td>
<td>Every 12 weeks starting after 2nd dose</td>
</tr>
</tbody>
</table>

You and your doctor, pharmacist or nurse will decide if you should inject this medicine yourself. Do not inject yourself with this medicine unless you have been trained by your doctor, pharmacist or nurse. A caregiver may also give your injections after they have been trained.

Read section 7 ‘Instructions for use’ at the end of this leaflet before injecting Skyrizi yourself.

If you use more Skyrizi than you should
If you have used more Skyrizi than you should or the dose has been given sooner than prescribed, talk to your doctor.

If you forget to use Skyrizi
If you forget to use Skyrizi, inject a dose as soon as you remember. Talk to your doctor if you are not sure what to do.

If you stop using Skyrizi
Do not stop using Skyrizi without talking to your doctor first. If you stop treatment, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor, pharmacist, or nurse.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects
Talk to your doctor or get medical help immediately if you have symptoms of a serious infection such as:
- fever, flu-like symptoms, night sweats
- feeling tired or short of breath, cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters

Your doctor will decide if you can keep using Skyrizi.

Other side effects
Tell your doctor, pharmacist or nurse if you get any of the following side effects
Very common: may affect more than 1 in 10 people
- upper respiratory infections with symptoms such as sore throat and stuffy nose

Common: may affect up to 1 in 10 people
- feeling tired
- fungal skin infection
- injection site reactions (such as redness or pain)
- itching
- headache

Uncommon: may affect up to 1 in 100 people
- small raised red bumps on the skin

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist, or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Skyrizi

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the syringe label and outer carton after ‘EXP’.

Store in a refrigerator (2°C - 8°C). Do not freeze.

Keep the pre-filled syringes in the original carton in order to protect from light.

Do not use this medicine if the liquid is cloudy or contains flakes or large particles.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Skyrizi contains
- The active substance is risankizumab. Each pre-filled syringe contains 75 mg of risankizumab in 0.83 mL solution.
- The other ingredients are disodium succinate hexahydrate, succinic acid, sorbitol, polysorbate 20 and water for injections.

What Skyrizi looks like and contents of the pack
Skyrizi is a clear and colourless to slightly yellow liquid in a pre-filled syringe with needle guard. The liquid may contain tiny white or clear particles.

Each pack contains 2 pre-filled syringes and 2 alcohol pads.

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67061 Ludwigshafen
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Manufacturer

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<table>
<thead>
<tr>
<th>Country</th>
<th>Company Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
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<td>+353 (0)1 4287900</td>
</tr>
<tr>
<td>Islând</td>
<td>Vistor hf.</td>
<td>+354 535 7000</td>
</tr>
<tr>
<td>Italia</td>
<td>AbbVie S.r.l.</td>
<td>+39 06 928921</td>
</tr>
<tr>
<td>Кύπρος</td>
<td>Lifepharma (Z.A.M.) Ltd</td>
<td>+357 22 34 74 40</td>
</tr>
<tr>
<td>Latvija</td>
<td>AbbVie SIA</td>
<td>+371 67605000</td>
</tr>
<tr>
<td>Slovenija</td>
<td>AbbVie Biofarmacevtska družba d.o.o.</td>
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<tr>
<td>Slovenská republika</td>
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<td>+421 2 5050 0777</td>
</tr>
<tr>
<td>Suomi/Finland</td>
<td>AbbVie Oy</td>
<td>+358 (0)10 2411 200</td>
</tr>
<tr>
<td>Sverige</td>
<td>AbbVie AB</td>
<td>+46 (0)8 684 44 600</td>
</tr>
<tr>
<td>United Kingdom (Northern Ireland)</td>
<td>AbbVie Deutschland GmbH &amp; Co. KG</td>
<td>+44 (0)1628 561090</td>
</tr>
</tbody>
</table>

This leaflet was last revised in

Other sources of information


Detailed and updated information on this product is available by scanning the QR code included below or on the outer carton with a smartphone. The same information is also available at the following URL: [www.skryrizi.eu](http://www.skryrizi.eu)

QR code to be included

To listen to or request a copy of this leaflet in *Braille*, *large print* or *audio*, please contact the local representative of the Marketing Authorisation Holder.
7. Instructions for use

Please read all of section 7 before using Skyrizi

Important information to know before you inject Skyrizi
- You should receive training on how to inject Skyrizi before giving an injection. Talk to your doctor, pharmacist or nurse if you need help
- Mark the dates on your calendar so you know when to inject Skyrizi
- Keep Skyrizi in the original carton to protect the medicine from light until it is time to use it
- Do not inject if the liquid is cloudy or contains flakes or large particles. The liquid should look clear to slightly yellow and may contain tiny white or clear particles
- Do not shake the syringe
- Wait to remove the needle cover until just before the injection

Return this medicine to the pharmacy
- if the expiry date (EXP) has passed
- if the liquid has ever been frozen (even if thawed)
- if the syringe has been dropped or damaged
- if the syringe paper tray cover is broken or missing

For a more comfortable injection: Take the carton out of the refrigerator and leave it at room temperature, out of direct sunlight, for 15 to 30 minutes before injecting.
- Skyrizi should not be warmed in any other way (for example, in a microwave or in hot water)
- Keep the syringes in the carton until ready to inject
Follow the steps below each time you use Skyrizi

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Place the following items on a clean, flat surface:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 2 pre-filled syringes and 2 alcohol pads (included in the carton)</td>
</tr>
<tr>
<td></td>
<td>• 2 cotton balls or gauze pads (not included in the carton)</td>
</tr>
<tr>
<td></td>
<td>• Special disposal container (not included in the carton)</td>
</tr>
<tr>
<td></td>
<td>Wash and dry your hands.</td>
</tr>
<tr>
<td></td>
<td>Start with one syringe for the first injection.</td>
</tr>
<tr>
<td></td>
<td><strong>For a full dose, 2 injections are required, one after the other.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 2</th>
<th>Choose from these 3 areas to inject:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• front of left thigh</td>
</tr>
<tr>
<td></td>
<td>• front of right thigh</td>
</tr>
<tr>
<td></td>
<td>• your belly (abdomen) at least 5 cm from your belly button (navel)</td>
</tr>
<tr>
<td></td>
<td>For the second syringe, inject at least 3 cm away from the first injection. <strong>Do not</strong> inject into the same place.</td>
</tr>
<tr>
<td></td>
<td>Before each injection, wipe where you will inject in a circular motion with an alcohol pad.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Do not</strong> touch or blow on the injection site after it is cleaned. Allow the skin to dry before injecting</td>
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<td>• <strong>Do not</strong> inject through clothes</td>
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<td>• <strong>Do not</strong> inject into skin that is sore, bruised, red, hard, scarred, or has stretch marks</td>
</tr>
<tr>
<td></td>
<td>• <strong>Do not</strong> inject into areas affected by psoriasis</td>
</tr>
</tbody>
</table>
### STEP 3

Hold the syringe with the covered needle pointing down, as shown.

Check the liquid in the syringe.

- It is normal to see bubbles in the window
- The liquid should look clear to slightly yellow and may contain tiny white or clear particles
- **Do not** use if the liquid is cloudy or contains flakes or large particles

### STEP 4

Removing the needle cover:

- Hold the syringe in one hand between the finger grip and needle cover
- With the other hand, gently pull the needle cover straight off
- **Do not** hold or pull the plunger rod when removing the needle cover
- You may see a drop of liquid at the end of the needle. This is normal
- Throw away the needle cover
- **Do not** touch the needle with your fingers or let the needle touch anything

### STEP 5

Hold the body of the syringe in one hand between the thumb and index finger, like you would a pencil.

Gently pinch the area of cleaned skin with your other hand and hold it firmly.

Insert the needle all the way into the skin at about a 45-degree angle using a quick, short movement. Keep the syringe steady at the same angle.
### STEP 6

**Needle guard**

Slowly push the plunger rod all the way in until all of the liquid is injected.

Pull the needle out of the skin while keeping the syringe at the same angle.

Slowly take your thumb off the plunger rod. The needle will then be covered by the needle guard.

- The needle guard will not activate unless all the liquid is injected
- Speak to your doctor, pharmacist or nurse if you think you have not given a full dose

Press a cotton ball or gauze pad where you have injected and hold for 10 seconds.

**Do not** rub the skin where you have injected. You may have slight bleeding from where you injected. This is normal

### STEP 7

**For a full dose, two injections are needed, one after the other.**

- Repeat Steps 2 through 6 with the second syringe
- Inject the second syringe straight after the first injection but at least 3 cm away from the first injection

### STEP 8

**2 Injections Required**

**STEP 8**

Throw away used syringes in a special disposal container straight after use.

- **Do not** throw away used syringes in the household waste
- Your doctor, pharmacist or nurse will tell you how to return the full special disposal container