



**Risankizumab-rzaa (Skyrizi®) Infusion Price Quote**

**About Skyrizi®**

Skyrizi® is an anti-inflammatory drug administered via intravenous (IV) infusion by a health care professional and then self-injected for maintenance dosing. The recommended induction dosage for Crohn’s disease is 600 mg administered by intravenous infusion at Week 0, Week 4, and Week 8 and for Ulcerative Colitis is 1,200 mg administered by intravenous infusion at week 0, week 4, and week 8.

**Indications for Use**

Skyrizi® has been proven to reduce the signs and symptoms of Crohn’s and Ulcerative Colitis disease and to induce and maintain remission in patients.

**Billing**

Listed below are the specific billing codes and associated fees for Skyrizi® infusions. After you and your MNGI provider decide to begin Skyrizi® treatment, MNGI will partner with you in enrolling in any financial assistance programs for which you may be eligible.

The actual allowed amount (the amount of the billed charge deemed payable by an insurance plan) for each charge and the amount of your out-of-pocket expenses will depend on your particular insurance plan. Although My AbbVie Assist can help you to determine insurance coverage for Skyrizi® treatment, it is important to direct any additional questions you may have regarding coverage and your financial responsibility to your insurer prior to receiving treatment.

If you have any further questions, please contact the Business Office at 612-871-1145.

**Crohn’s Disease**

Billing Code (CPT Code)	Description	Charge Amount
J2327	Skyrizi® (Risankizumab-rzaa)-	\$16,200 Per infusion
96365	IV Infusion administration charge	\$291

**Ulcerative Colitis**

Billing Code (CPT Code)	Description	Charge Amount
J2327	Skyrizi® (Risankizumab-rzaa)-	\$32,400 Per infusion
96365	IV Infusion administration charge	\$291

**Prices may be subject to change**