

Skyrizi (risankizumab-rzaa) — HCPCS J2327

CARECOST ESTIMATE · BILLING CHEAT SHEET

AbbVie Inc. 600 mg / 10 mL single-dose vial (IV induction) IV induction wk 0/4/8 → SC maintenance q8w **Reviewed:** May 2, 2026

ASP: Q2 2026

HCPCS J2327 1 mg = 1 unit	INDUCTION DOSE 600 units 600 mg IV · 1 vial	MODIFIER JZ Required (no waste)	ADMIN CPT 96365 +96366 · NOT 96413	MEDICARE ASP+6% \$14.599 /mg · \$8,759.40/dose
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IV induction (J2327, medical) vs SC maintenance (pharmacy benefit, NOT J2327). 600 mg IV at weeks 0/4/8 bills under medical benefit with J2327. At week 12, therapy moves to 180 mg or 360 mg SC autoinjector q8w through specialty pharmacy on the **pharmacy benefit**. **Submit pharmacy PA for SC in parallel with medical PA for IV** to avoid week-12 gap.

CODES & NDC

HCPCS	J2327 — "Inj, risankizumab-rzaa, 1 mg" (IV induction only)
NDC (IV VIAL)	00074-2042-10 — 600 mg / 10 mL single-dose — N4 qualifier
SC (NOT J2327)	180 mg, 360 mg, 150 mg, 75 mg autoinjectors — pharmacy benefit only
VIAL	600 mg / 10 mL (60 mg/mL) single-dose, IV-only formulation
BENEFIT	Medical (IV induction); Pharmacy (SC maintenance)

INDUCTION SCHEDULE (CROHN'S & UC)

VISIT	WEEK	DOSE	UNITS
Induction 1	Week 0	600 mg IV	600
Induction 2	Week 4	600 mg IV	600
Induction 3	Week 8	600 mg IV	600

Wk 12 → SC maintenance (pharmacy benefit, NOT J2327): 180 or 360 mg q8w

3-dose induction total: 1,800 units · ~\$26,278 (Medicare ASP+6%, drug only)

ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Therapeutic IV, initial up to 1 hr (primary) — non-chemo
96366	Each additional hour (if >60 min)
96413 / 96415	NOT appropriate — chemo admin codes
JZ	Required (600 mg vial = no waste)
JW	Rare (only if partial-vial waste)

Top denial: billing 96413/96415 (chemo) instead of 96365/96366. Skyrizi is NON-chemo.

ICD-10 — CROHN'S FAMILY

CODE	FOR
K50.00 / K50.01x	Crohn's small intestine
K50.10 / K50.11x	Crohn's large intestine
K50.80 / K50.81x	Crohn's both small + large
K50.90 / K50.91x	Crohn's, unspecified site

ICD-10 — UC FAMILY (2024 EXPANSION)

CODE	FOR
K51.00 / K51.01x	UC pancolitis
K51.20 / K51.21x	UC proctitis
K51.50 / K51.51x	UC left-sided
K51.80 / K51.81x	UC other
K51.90 / K51.91x	UC, unspecified

UC indication added 2024. Both Crohn's & UC use the same 600 mg IV wk 0/4/8 induction.

IBD BIOLOGIC CLASS

DRUG	HCPCS	CLASS
Skyrizi	J2327	IL-23 (p19)
Tremfya	J1628	IL-23 (p19), IBD 2024
Stelara	J3358	IL-12/23 (p40)
Entyvio	J3380	Anti-α4β7 integrin
Humira	J0135	Anti-TNF (SC)
Remicade	J1745	Anti-TNF (IV)

INDICATION RESTRICTIONS FOR J2327

- **Crohn's disease** (K50.x) — FDA approved 2022 — J2327 valid
- **Ulcerative colitis** (K51.x) — FDA approved 2024 — J2327 valid
- **Plaque psoriasis** (L40.x) — SC only, **NOT J2327**
- **Psoriatic arthritis** (L40.5x / M07.x) — SC only, **NOT J2327**

L40.x or M07.x on a J2327 claim = denial. Those indications are SC pharmacy benefit only.

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP / PREFERENCE
UnitedHealthcare	Yes	Prior anti-TNF and/or anti-integrin trial
Aetna	Yes	Prior preferred biologic; severity docs
BCBS	Yes	Aligned with AGA / ECCO IBD guidelines
Medicare LCD	Generally no	FDA on-label IBD induction

Submit Mayo Score / CDAI + endoscopy + CRP / fecal calprotectin. "Insufficient severity docs" is a top denial.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$14,599 / mg (eff. 4/1 – 6/30/2026)
600 mg dose	\$8,759.40 (600 × \$14,599)
3-dose induction	~\$26,278.20 (drug only)
After ~2% sequestration	~\$25,752 actual paid

SITE OF CARE

SETTING	POS	NOTES
GI office	11	Preferred
AIC	49	Preferred
HOPD	22 / 19	Disfavored by commercial UM
Home	12	With home infusion vendor

PATIENT ASSISTANCE — SKYRIZI COMPLETE

- **Phone:** 1-866-SKYRIZI (1-866-759-7494)
- **Commercial copay:** as little as **\$5/month**
- **myAbbVie Assist:** free product for uninsured / underinsured
- **Foundations:** PAF, HealthWell IBD funds (Medicare)
- **Web:** skyrizicomplete.com

Pending SME review. Staff-authored from primary FDA, CMS, AbbVie, and payer sources. Final review by Catherine Rose (CPC) in progress.