

**Skyrizi (risankizumab-rzaa)
Effective January 1, 2021**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Skyrizi is an interleukin (IL)-23 antagonist. Inhibiting the interaction with the IL-23 receptor results in the inhibition of the of the release of proinflammatory cytokines and chemokines.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Skyrizi excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Moderate to severe Plaque Psoriasis (PsO)

Prescriber provides documentation of ALL of the following:

1. Appropriate diagnosis
2. **ONE** of the following:
 - a. Paid claims or physician documented inadequate response or adverse reaction to **ONE** conventional therapy (see appendix A)
 - i. topical agent
 - ii. phototherapy
 - iii. systemic agent
 - b. Contraindication to **ALL** conventional therapies:
 - i. topical agents
 - ii. phototherapy



- iii. systemic agents
 - c. Paid claims or physician documented inadequate response or adverse reaction to **ONE** biologic DMARD that is FDA-approved for plaque psoriasis
- 3. Appropriate dosing

Continuation of Therapy

Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

Limitations

- 1. Authorizations will be granted for 3 months
- 2. Reauthorizations will be granted for 12 months
- 3. The following quantity limits apply:

Skyrizi 75mg	One loading dose: 150mg at weeks 0 and 4 Maintenance dose: 150mg (2 syringes) every 12 weeks
--------------	---

Appendix

Appendix A. Conventional Therapies for Plaque Psoriasis

Conventional Treatment Lines	Agents Used
Topical Agents	emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors
Systemic Agents	Traditional DMARDs: methotrexate, apremilast, acitretin,
Phototherapy	ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)

References

- 1. Skyrizi (risankizumab-rzaa) [prescribing information]. North Chicago, IL: AbbVie Inc; August 2019.
- 2. Flytström I, Stenberg B, Svensson A, Bergbrant IM. Methotrexate vs. ciclosporin in psoriasis: effectiveness, quality of life and safety. A randomized controlled trial. Br J Dermatol 2008; 158:116.
- 3. Lebwohl M, Drake L, Menter A, et al. Consensus conference: acitretin in combination with UVB or PUVA in the treatment of psoriasis. J Am Acad Dermatol 2001; 45:544
- 4. Chen X, Yang M, Cheng Y, et al. Narrow-band ultraviolet B phototherapy versus broad-band ultraviolet B or psoralen-ultraviolet A photochemotherapy for psoriasis. Cochrane Database Syst Rev 2013; :CD009481
- 5. Krueger JG, Ferris LK, Menter A, et al. Anti-IL-23A mAb BI 655066 for treatment of moderate-to-severe psoriasis: Safety, efficacy, pharmacokinetics, and biomarker results of a single-rising-dose, randomized, double-blind, placebo-controlled trial. J Allergy Clin Immunol 2015; 136:116

Review History

03/18/2020 – Reviewed at P&T (effective 6/1/20)

10/21/2020 – Reviewed and Updated; separated out Comm/Exch vs. MassHealth. Matched MassHealth Preferred Unified Formulary for implementation 1/1/2021

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org