### Skyrizi (risankizumab-rzaa)
**Effective 10/01/2020**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Specialty Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ MassHealth</td>
<td>☑ Prior Authorization</td>
<td>☑ Commercial/Exchange</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
</tr>
<tr>
<td>☑ Commercial/Exchange</td>
<td>☑ Quantity Limit</td>
<td>☑ Pharmacy Benefit</td>
<td>☑ Medical Benefit (NLX)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td></td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
</tr>
<tr>
<td></td>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

| 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 release of proinflammatory cytokines and chemokines.

**Coverage Guidelines**
1. Authorization may be granted for members who are currently receiving treatment with Skyrizi excluding when the product is obtained as samples or via manufacturer’s patient assistance program.

**OR**
2. Authorization may be granted for members who meet all the following criteria and documentation has been submitted:
   a. The member is at least 18 years of age
   b. The member has diagnosis of moderate to severe plaque psoriasis
   c. The member has at least 5% of body surface area (BSA) affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected
   d. The member has had an inadequate response or intolerance to TWO conventional therapies in any of the following combinations:
      • 1 topical agent + 1 systemic agent (methotrexate, cyclosporine or acitretin)
      • 1 topical agent + phototherapy
      • 1 systemic agent + phototherapy
      • 2 systemic agents

**OR**
3. The member has a clinical reason to avoid ALL conventional therapies. (See Appendix A)
Continuation of Therapy
Reauthorization approvals will be granted when documentation has been submitted supporting clinical improvement in member’s condition.

Limitations
1. Initial approvals will be granted for 24 months
2. Reauthorizations will be granted for 24 months
3. **For all indications**, member must have a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). *
   a. Note: * Members who have received Skyrizi or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from all requirements related to TB screening in this Policy.
4. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Loading Dose</th>
<th>Maintenance Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skyrizi 75mg</td>
<td>150mg at weeks 0 and 4</td>
<td>150mg every 12 weeks</td>
</tr>
</tbody>
</table>

Appendix
Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin.
1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Drug interaction
4. Cannot be used due to risk of treatment-related toxicity
5. Pregnancy or planning pregnancy (male or female)
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

References
1. Skyrizi (risankizumab-rzaa) [prescribing information]. North Chicago, IL: AbbVie Inc; August 2019.

Review History
11/20/2019 – Reviewed at P&T
07/22/2020 – Reviewed and Updated July P&T; Updated Program Type to PA and QL; added TB testing requirement under Limitations. Effective 10/01/2020.
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.