## 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
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

Authorization may be granted for members who meet all the following criteria and documentation has been submitted:
1. The member is at least 18 years of age
2. The member has diagnosis of moderate to severe plaque psoriasis
3. The member has tried and failed treatment with another biological agent indicated for the treatment of plaque psoriasis
4. The member has had an inadequate response, intolerance, or contraindication 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

### Continuation of Therapy
Reauthorization approvals will be granted when documentation has been submitted supporting clinical improvement in member’s condition
Limitations
1. Authorizations will be granted for 24 months
2. The following quantity limits apply:

<table>
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<th>Skyrizi 75mg</th>
<th>One loading dose: 150mg at weeks 0 and 4</th>
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<td>Maintenance dose: 150mg (2 syringes) every 12 weeks</td>
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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
03/18/2020 – Reviewed at P&T (effective 6/1/20)

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