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 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
4. Prescriber provides clinical rationale for use of Skyrizi instead of Stelara®

**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**

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

**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)
11/1/2021 – Reviewed and Updated for Nov P&T; Guideline updated to reflect multiple criteria changes and appendices changes based on clinical literature. Effective 01/01/2022
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