Skyrizi® (risankizumab-rzaa)
(Intravenous/Subcutaneous)

Effective Date: 01/01/2023
Review Date: 10/6/2022, 8/10/23, 12/07/2023, 01/04/2024, 02/14/2024, 8/28/2024

Medical Scope for Intravenous (IV) Formulations: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

Pharmacy Scope for Subcutaneous (SC) formulations: Medicaid

I. Length of Authorization

Crohn's Disease:

Coverage will be provided once (one time induction doses) for 8 weeks for Skyrizi IV.

** For members that meet criteria, Skyrizi 360mg (subcutaneous dose) will be approved for week 12, and then every 8 weeks thereafter for 4 months for Medicaid and Commercial ONLY**

Ulcerative Colitis:

Coverage will be provided once (one time induction doses) for 8 weeks for Skyrizi IV.

** For members that meet criteria, Skyrizi 180mg or 360mg (subcutaneous dose) will be approved for week 12, and then every 8 weeks thereafter for 4 months for Medicaid and Commercial ONLY**

Plaque psoriasis and Active psoriatic arthritis

Coverage will be provided for 6 months and may be renewed for 12 months for Skyrizi SC.

II. Dosing Limits

Pharmacy

Indication	Dose (subcutaneous)	Quantity Limit
Plaque Psoriasis & Psoriatic Arthritis	150mg at Week 0, Week 4, and every 12 weeks thereafter	150mg (1 box) per 12 weeks, with post-limit for loading dose of 300mg per month
Crohn's disease (maintenance dose)	360mg at week 12, and then every 8 weeks	360mg per 8 weeks or a daily dose of 0.05.
Ulcerative colitis (maintenance dose)	180mg or 360mg at week 12, and then every 8 weeks	360mg per 8 weeks or a daily dose of 0.05.

Medical

A. Quantity Limit (max daily dose) [NDC Unit]:

- Skyrizi carton containing one 600 mg/10 mL single-dose vial: 3 for Weeks 0, 4 & 8

B. Max Units (per dose and over time) [HCPCS Unit]:

- Crohn's Disease
  - Induction dose: 600 mg or units at Week 0, 4, & 8
- Ulcerative Colitis
  - Induction dose: 1200 mg or units at Week 0, 4, & 8

III. Summary of Evidence

Clinical trials evaluating the efficacy and safety of Skyrizi have demonstrated its effectiveness in achieving significant improvements in psoriasis severity, as measured by the Psoriasis Area and Severity Index (PASI) and static Physician's Global Assessment (sPGA) scores, compared to placebo or active comparators. Notably, a high percentage of patients treated with Skyrizi achieved PASI 75, PASI 90, and PASI 100 responses, indicating substantial reductions in psoriasis symptoms. Skyrizi has shown a favorable safety profile, with adverse events typically being mild to moderate in severity and manageable with appropriate monitoring and intervention.

IV. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

- Patient is at least 18 years of age; **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Patient is up to date with all age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**
- Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for the presence of TB during treatment; **AND**
- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient will not receive live vaccines during therapy; **AND**
- Patient is not on concomitant treatment with an injectable biologic response modifier including TNF-inhibitors (e.g., Humira (adalimumab), Enbrel (etanercept), Remicade (infliximab), etc.) and IL-inhibitors (e.g., Cosentyx (secukinumab), Stelara (ustekinumab), Tremfya (guselkumab), Ilumya (tildrakizumab), Bimzelx (bimekizumab), etc.) or other oral non-biologic agent (e.g., Otezla (apremilast), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), etc.); **AND**

Moderate to severe plaque psoriasis

- Skyrizi is prescribed by, or in consultation with, a specialist in dermatology or rheumatology.
- At least 10% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected
- Documentation that member meets either of the following criteria:

- Member has had an inadequate response to at least a 3 month trial of methotrexate, cyclosporine or acitretin, or experienced clinically significant adverse effects from methotrexate, cyclosporine or acitretin
- Member has had an inadequate response to at least a 3 month trial of phototherapy (e.g., UVB, PUVA), unless intolerance experienced

- Documentation that member experienced an inadequate treatment response or intolerance from Zoryve (roflumilast) cream within the last 12 months Contraindications, adverse effects and/or intolerance must be documented (Note: If the member's BSA is greater than or equal to 20%, they are not required to trial Zoryve before Skyrizi)
- Documentation that the member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of adalimumab at maximum tolerated doses

Active psoriatic arthritis (PsA)

- Prescribed by, or in consultation with, a specialist in dermatology or rheumatology
- Documented moderate to severe active disease and member meets either of the following criteria:
  - If member has predominantly axial disease or active enthesitis and/or dactylitis, member has experienced an inadequate response or intolerance to at least two non-steroidal anti-inflammatory drugs (NSAIDs), unless use is contraindicated
  - If member has peripheral arthritis, member has experienced an inadequate response to at least a 3-month trial of one oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine, unless intolerance experienced

- Documentation that the member has had an inadequate response, intolerance, or contraindication to at least a 3- month trial of adalimumab at maximum tolerated

Crohn's Disease

- Prescribed by, or in consultation with, a specialist in gastroenterology; **AND**
- Documented moderate to severe active disease; **AND**
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate, etc.); **AND**
- Patient has had an inadequate response, intolerance, or contraindication to at least a 3-month trial of adalimumab at maximum tolerated doses;

Ulcerative Colitis

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6- mercaptopurine, or methotrexate)
- Patient has had an inadequate response, intolerance, or contraindication to at least a 3-month trial of adalimumab at maximum tolerated doses

† FDA Approved Indication(s); **‡** Compendia recommended indication(s); **Φ** Orphan Drug

V. Renewal Criteria [1]

Skyrizi IV

- Coverage cannot be renewed. Induction doses cannot be renewed.

Skyrizi SC

- **Moderate to severe plaque psoriasis (PsO)**
  - Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderate to severe plaque psoriasis and who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when any of the following is met:
  - Reduction in body surface area (BSA) affected from baseline
  - Improvement in signs and symptoms from baseline (e.g., itching, redness, flaking, scaling, burning, cracking, pain)

- **Active psoriatic arthritis (PsA)**
  - Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for active psoriatic arthritis and who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
    - Number of swollen joints
    - Number of tender joints
    - Dactylitis
    - Enthesitis
    - Skin and/or nail involvement

- **Moderately to severely active Crohn's disease (CD)**
  - Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain remission.
  - Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
    - Abdominal pain or tenderness
    - Diarrhea
    - Body weight
    - Abdominal mass
    - Hematocrit
    - Endoscopic appearance of the mucosa
    - Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI] score)
- **Moderately to severely active ulcerative colitis (UC)**
  - Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.
  - Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
    - Stool frequency
    - Rectal bleeding
    - Urgency of defecation
    - C-reactive protein (CRP)
    - Fecal calprotectin (FC)

- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- Imporvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

VI. Dosage/Administration

Indication	IV Dose
Crohn's Disease	**Induction:** 600 mg administered intravenously at Week 0, Week 4, and Week 8. **Maintenance:** 360 mg administered subcutaneously at Week 12 and every 8 weeks thereafter *(refer to criteria for self-administration under the applicable benefit).*
Ulcerative Colitis	**Induction**: 1200 mg administered intravenously at Week 0, Week 4, and Week 8. **Maintenance**: 180 mg or 360 mg administered subcutaneously at Week 12 and every 8 weeks thereafter *(refer to criteria for self-administration under the applicable benefit).*
	SC Dose
Plaque Psoriasis & Psoriatic Arthritis	150mg at Week 0, Week 4, and every 12 weeks thereafter
Crohn's disease (maintenance dose)	**Maintenance:** 360mg at week 12, and then every 8 weeks
Ulcerative colitis (maintenance dose)	**Maintenance:** 180mg or 360mg at week 12, and then every 8 weeks

VII. Billing Code/Availability Information

HCPCS Code:

- J2327 – injection, risankizumab-rzaa, intravenous, 1mg

NDC(s):

- Skyrizi carton containing one 600 mg/10 mL single-dose vial: 00074-5015-xx
- Skyrizi 150mg/ml single dose pen: 0074-2100-xx
- Skyrizi 150mg/ml single dose prefilled syringe: 0074-1050-xx

VIII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10 Codes	ICD-10 Description
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication

ICD-10 Codes	ICD-10 Description
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complication
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.811	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.00	Ulcerative (chronic) pancolitis
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complication
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula

ICD-10 Codes	ICD-10 Description
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

Policy Rationale: Skyrizi was reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use Skyrizi according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature. Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more costeffective options are used first, if applicable and appropriate. For INTEGRITY (Medicare-Medicaid Plan) members, these coverage criteria will only apply in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria. Neighborhood will

give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.