VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION REVIEW MANAGEMENT POLICY

POLICY: Inflammatory Conditions – Skyrizi Intravenous Utilization Management Medical Policy
- Skyrizi® (risankizumab-rzaa intravenous infusion – Abbvie)

REVIEW DATE: 06/28/2023

OVERVIEW

Skyrizi intravenous (IV), an interleukin (IL)-23 blocker, is indicated for **Crohn's disease**, in patients with moderate to severe active disease. In Crohn's disease, a three-dose induction regimen (600 mg at Weeks 0, 4, and 8) is administered by IV infusion. Following induction therapy with the IV product, the recommended maintenance is Skyrizi subcutaneous injection, given as a 360 mg subcutaneous injection administered at Week 12 (4 weeks following the last induction dose), then once every 8 weeks thereafter.

Guidelines

The following guidelines address indications for which Skyrizi IV is indicated.

- **Crohn's Disease:** Skyrizi is not addressed in current guidelines. The American College of Gastroenterology has guidelines for Crohn's disease (2018).[2] Biologics are a treatment option in patients who have moderate to severe disease despite treatment with another agent (e.g., corticosteroid, thiopurine, methotrexate, or tumor necrosis factor inhibitors). Guidelines from the American Gastroenterological Association (2021) include biologics among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.[3]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Skyrizi IV. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). Because of the specialized skills required for evaluation and diagnosis of patients treated with Skyrizi IV as well as the monitoring required for adverse events and long-term efficacy, approval requires Skyrizi IV to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for 3 months, which is an adequate duration for the patient to receive three doses.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Skyrizi IV is recommended in those who meet the following:

FDA-Approved Indication

1. **Crohn's Disease**. Approve three doses for induction if the patient meets the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** The medication will be used as induction therapy; AND
   - **C)** Patient meets one of the following (i, ii, iii, or iv):

i. Patient has tried or is currently taking a systemic corticosteroid, or a systemic corticosteroid is contraindicated in this patient; OR

ii. Patient has tried one other conventional systemic therapy for Crohn's disease; OR
Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. An exception to the requirement for a trial of or contraindication to steroids or a trial of one other conventional systemic agent can be made if the patient has already tried at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for Crohn's disease. A trial of mesalamine does not count as a systemic agent for Crohn's disease.

iii. Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR

iv. Patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND

D) The medication is prescribed by or in consultation with a gastroenterologist.

Dosing: Approve 600 mg as an intravenous infusion administered at Weeks 0, 4, and 8.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Skyrizi IV is not recommended in the following situations:

1. **Concurrent Use with other Biologics or with Targeted Synthetic Disease-Modifying Antirheumatic Drugs (DMARDs).** Data are lacking evaluating concomitant use of Skyrizi with another biologic or with a targeted synthetic DMARD for an inflammatory condition (see Appendix for examples). Combination therapy with biologics and/or biologics + targeted synthetic DMARDs has a potential for a higher rate of adverse effects and lack controlled trial data in support of additive efficacy.
   Note: This does NOT exclude the use of methotrexate (a traditional systemic agent used to treat Crohn's disease) in combination with Skyrizi.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Skyrizi® [prescribing information]. North Chicago, IL: AbbVie; September 2023.
2. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2018;113(4):481-517.
3. Feuerstein JD, Ho EY, Shmidt E, et al. AGA clinical practice guidelines on the medical management of moderate to severe luminal and perianal fistulizing Crohn's disease. *Gastroenterology*. 2021;160(7):2496-2508.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	06/22/2022
Annual Revision	No criteria changes.	06/28/2023

APPENDIX

	Mechanism of Action	Examples of Inflammatory Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Simponi®, Simponi® Aria™ (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Actemra® (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA^, RA
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Ilumya™ (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO
		IV formulation: CD
Tremfya™ (guselkumab SC injection)	Inhibition of IL-23	PsO
Entyvio™ (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic DMARDs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
Sotyktu™ (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.