

Skyrizi® Intravenous (risankizumab-rzaa)

When requesting Skyrizi® Intravenous (risankizumab-rzaa), the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Crohn's Disease

Skyrizi Intravenous is indicated for the treatment of moderately to severely active Crohn's disease in adults.

Coverage Guidelines

Crohn's Disease

The individual must meet **all** of the following criteria for initial authorization:

- Is 18 years of age or older;
- Skyrizi Intravenous is prescribed by or in consultation with a gastroenterologist;
- Will receive Skyrizi Intravenous as induction therapy;
- Meets one of the following:
 - o Had ileocolonic resection; OR
 - o Has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
 - o Has tried one other systemic therapy for Crohn's disease (e.g., azathioprine, 6-mercaptopurine, methotrexate, adalimumab, certolizumab, ustekinumab); OR
 - o Has tried or is currently taking a systemic corticosteroid; OR
 - o Has a contraindication to systemic corticosteroid.

Approval duration: 3 months

Dosing Recommendation

The recommended induction dosage is 600 mg administered by intravenous infusion at Week 0, Week 4, and Week 8.

References

1. Skyrizi® [prescribing information]. North Chicago, IL: AbbVie; September 2023.

Am J Gastroenterol. 2018;113(4):481-517.

3. Feuerstein JD, Ho EY, Schmidt 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.

2. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults.