Corporate Medical Policy: Risankizumab-rzaa (Skyrizi®) **"Notification"** **POLICY EFFECTIVE JULY 1, 2026**

Restricted Product(s):

- risankizumab-rzaa (Skyrizi®) intravenous infusion for administration by a healthcare professional

FDA Approved Use:

- For the treatment of moderately to severely active Crohn's disease in adults
- For the treatment of moderately to severely active ulcerative colitis in adults

Criteria for Medical Necessity:

The restricted product(s) may be considered medically necessary when the following criteria are met:

1. The patient has a diagnosis of moderately to severely active **Crohn's disease (CD)**; **AND**
    a. The patient is 18 years of age or older; **AND**
    b. ONE of the following:
        i. The patient has moderately to severely active disease, as evidenced by ONE of the following:
            1. The patient has BOTH of the following:
                a. Symptoms consistent with active CD (e.g., diarrhea, abdominal pain, significant weight loss, fatigue, fever, anemia, vitamin or mineral deficiencies, intermittent nausea or vomiting, etc.) **[medical record documentation required]**; **AND**
                b. Evidence of active inflammation, confirmed by ONE of the following **[medical record documentation required]**:
                    i. Active inflammatory disease on cross-sectional imaging (MRE, CTE), intestinal ultrasound, or pelvic MRI for perianal disease (e.g., bowel wall thickening, ulceration, hyperenhancement, fistula, abscess); **OR**
                    ii. Biomarker evidence indicative of inflammation (e.g., elevated fecal calprotectin [FC], elevated C-reactive protein [CRP], elevated erythrocyte sedimentation rate [ESR], low serum albumin); **OR**
            2. Significant extent of disease or upper GI involvement identified on radiographic or endoscopic assessment (e.g., large or deep mucosal lesions, fistulas or perianal abscesses, intestinal strictures, extensive disease [ileal involvement >40 cm or pancolitis], prior bowel resection, etc.) **[medical record documentation required]**; **OR**
            3. Corticosteroid-dependence, or refractory to oral corticosteroids **[medical record documentation required]**; **OR**

ii. The patient is currently established on a biologic or systemic immunomodulator agent that is NOT the requested agent and is FDA approved for the treatment of CD (excluding sample use) **[medical record documentation required]**; **AND**
    1. The patient has had positive clinical benefit (e.g., improvement in signs and symptoms, reduction in disease severity, etc.) from use of the biologic or systemic immunomodulator agent **[medical record documentation required]**; **AND**

c. ONE of the following:
    i. The patient has tried and had an inadequate response to an infliximab product AND an ustekinumab product **[medical record documentation required]**; **OR**
    ii. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to BOTH an infliximab product and an ustekinumab product **[medical record documentation required]**; **OR**

2. The patient has a diagnosis of moderately to severely active **ulcerative colitis (UC)**; **AND**
    a. The patient is 18 years of age or older; **AND**
    b. ONE of the following:
        i. The patient has moderately to severely active disease, as evidenced by ONE of the following:
            1. The patient has BOTH of the following:
                a. Symptoms consistent with active UC (e.g., increased stool frequency, rectal bleeding, bowel urgency, nocturnal symptoms, abdominal pain and/or cramping, extraintestinal manifestations, significant weight loss, etc.) **[medical record documentation required]**; **AND**
                b. Evidence of active inflammation or high-risk disease, confirmed by ONE of the following **[medical record documentation required]**:
                    i. Moderate to severe disease activity on a lower gastrointestinal endoscopy using a validated endoscopic assessment tool (e.g., Mayo Endoscopic Subscore [MES], Ulcerative Colitis Endoscopic Index of Severity [UCEIS] or equivalent); **OR**
                    ii. Evidence of active inflammatory disease on intestinal ultrasound (IUS), including findings consistent with active colitis (e.g., increased bowel wall thickness, hyperemia); **OR**
                    iii. Biomarker evidence indicative of inflammation (e.g., elevated fecal calprotectin [FC], elevated C-reactive protein [CRP], elevated erythrocyte sedimentation rate [ESR], low serum albumin); **OR**
                    iv. Presence of at least one poor prognostic factor (e.g., age younger than 40 years at diagnosis, extensive colitis, hospitalization for colitis) **[medical record documentation required]**; **OR**
            2. Corticosteroid-dependence, or refractory to oral corticosteroids **[medical record documentation required]**; **OR**
        ii. The patient is currently established on a biologic or systemic immunomodulator agent that is NOT the requested agent and is FDA approved for the treatment of UC (excluding sample use) **[medical record documentation required]**; **AND**

1. The patient has had positive clinical benefit (e.g., improvement in signs and symptoms, reduction in disease severity, etc.) from use of the biologic or systemic immunomodulator agent **[medical record documentation required]**; **AND**

c. ONE of the following:
   i. The patient has tried and had an inadequate response to an infliximab product AND an ustekinumab product **[medical record documentation required]**; **OR**
   ii. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to BOTH an infliximab product and an ustekinumab product **[medical record documentation required]**; **AND**

3. The request is for initiation of Skyrizi (risankizumab) therapy, and an initial intravenous infusion of Skyrizi (risankizumab) will be administered; **AND**
4. The patient will NOT be treated with the 150 mg, 90 mg, 180 mg, or 360 mg dose subcutaneous injection; **AND**
5. The prescriber is a specialist in the area of the patient's diagnosis (e.g., gastroenterologist for CD, UC) or has consulted with a specialist in the area of the patient's diagnosis; **AND**
6. The patient will NOT be using risankizumab-rzaa (Skyrizi®) in combination with another biologic immunomodulator agent or Zeposia®; **AND**
7. The patient does NOT have any FDA labeled contraindications to risankizumab-rzaa (Skyrizi®); **AND**
8. The patient has been tested for latent tuberculosis (TB) when required by the prescribing information for the requested agent AND if positive the patient has begun therapy for latent TB; **AND**
9. The requested quantity does NOT exceed the maximum units allowed for the duration of approval (see table below).

Duration of Approval: Crohn's disease or ulcerative colitis induction (IV): 90 days

FDA Label Reference				
Medication	**Indication**	**Dosing**	**HCPCS**	**Maximum Units***
risankizumab-rzaa (Skyrizi®) intravenous (IV) infusion)	CD in patients ≥ 18 years old	Induction: 600 mg IV at week 0, week 4, and week 8	J2327	CD: 1800 UC: 3600

FDA Label Reference				
Medication	**Indication**	**Dosing**	**HCPCS**	**Maximum Units***
	UC in patients ≥ 18 years old	Induction: 1200 mg IV at week 0, week 4, and week 8		

***Maximum units allowed for duration of approval**

References: all information referenced is from FDA package insert unless otherwise noted below.

1. 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;160:2496–2508.
2. Lichtenstein GR, Loftus EV Jr, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2025;120(6):1225-1264.
3. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. *Am J Gastroenterol*. 2025 Jun 3;120(6):1187-1224.
4. Scott FI, Ananthakrishnan AN, Click B, et al. AGA Living Clinical Practice Guideline on the Pharmacologic Management of Moderate-to-Severe Crohn's Disease. *Gastroenterology*. 2025;169(7):1397-1448.
5. Singh S, Loftus EV, Limketkai BN, et al. AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis. *Gastroenterology*. 2024;167(7):1307-1343.

Policy Implementation/Update Information: Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q1 annually.

July 2026: Criteria change: For CD: Removed required trial and failure of conventional therapy; Replaced allowance for severely active disease with required demonstration of moderately to severely active disease by documented presence of symptoms of active disease plus evidence of active inflammation OR significant extent of disease or upper GI involvement on radiographic or endoscopic assessment OR corticosteroid-dependence or refractory to oral corticosteroids; Changes made to align with updated clinical guidelines. For UC: Removed required trial and failure of conventional therapy; Replaced allowance for severely active disease with required demonstration of moderately to severely active disease by documented presence of symptoms of active disease plus evidence of active inflammation or high-risk disease

(with associated confirmatory criteria) OR corticosteroid-dependence or refractory to oral corticosteroids; Changes made to align with updated clinical guidelines. For CD and UC: Added allowance for patients currently established on a biologic or systemic immunomodulator agent that is NOT the requested agent and is FDA approved for treatment of the requested indication for those who have had positive clinical benefit from use of the biologic or systemic immunomodulator agent. Other minor formatting changes made throughout policy for clarity with no change to intent. **Policy notification given 5/1/2026 for effective date 7/1/2026**.
August 2025: Criteria change: For CD: Updated policy to allow bypassing conventional agents for severely active Crohn's disease. Updated list of preferred biologic agents throughout policy to remove listed examples of ustekinumab products for clarity.
July 2024: Criteria change: Added newly approved indication for moderately to severely active ulcerative colitis in adults, and added associated dosing to FDA label reference table. Minor edits made throughout policy according to updated FDA label.
April 2024: Criteria change: Adjusted duration of approval from 56 days to 90 days to allow time to schedule all induction doses after authorization approval.
September 2023: Criteria change: Removed aminosalicylates, mesalamine, and sulfasalazine from list of conventional agents. Separated out intolerance/hypersensitivity criteria from FDA labeled contraindication criteria for clarity.
January 2023: Coding update: Added HCPCS code J2327 to dosing reference table effective 1/1/2023, deleted C9399, J3490, and J3590 termed 12/31/2022. Other minor formatting updates made with no change to policy intent.
September 2022: Original medical policy criteria issued.