

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Risankizumab-rzaa subcutaneous 150 mg per mL
(Skyrizi 150 mg per mL)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Formulary risankizumab-rzaa subcutaneous 150 mg per mL (Skyrizi 150 mg per mL) will be covered on the prescription drug benefit for when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe] and/or enthesitis [inflammation of the entheses])
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab (criteria based)
 - Patient has tried and failed/intolerant to the following:
 - Secukinumab (criteria based)
 - Guselkumab (criteria based)

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