

Clinical Oversight Review Board (CORB) Criteria for Prescribing Risankizumab-rzaa IV (Skyrizi IV)

Notes:

- Quantity Limits: No (N/A – IV medication)
- Note: Quantity limits do apply to subcutaneous risankizumab-rzaa
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- **Trial of a second TNF-inhibitor is NOT required if the patient experienced primary or secondary treatment failure with the first TNF-inhibitor despite a therapeutic drug level

Non-Formulary **risankizumab-rzaa IV (Skyrizi IV)** requires a clinical review.
Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **risankizumab-rzaa IV (Skyrizi IV)** will be covered under the medical benefit for 3 doses when the following criteria are met:

- Patient has a diagnosis of moderate to severe Crohn's disease
- Prescriber is a gastroenterologist
- Patient is 18 years of age or older
- Patient has failed an adequate trial of, or patient has an allergy or intolerance* to the following:
 - At least 2 tumor necrosis factor (TNF)-inhibitors**
 - Infliximab product
 - Adalimumab product (criteria based)
 - Certolizumab (criteria based)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary risankizumab-rzaa IV (**Skyrizi IV**) will be covered under the medical benefit for 3 total doses when the following criteria are met:

- Patient has received at least 1 dose of risankizumab-rzaa IV