

## PHARMACY POLICY STATEMENT

### Marketplace

<b>DRUG NAME</b>	<b>Skyrizi (risankizumab-rzaa)</b>
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home/Office
STATUS	Prior Authorization Required

Skyrizi is an interleukin-23 (IL-

## Plaque Psoriasis (PsO)

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a dermatologist; AND
3. Member has clinical documentation of moderate to severe plaque psoriasis characterized by 3% or more of body surface area (BSA) or disease affecting sensitive areas (e.g., hands, feet, face, genitals, etc.); AND
4. Member must have a documented negative TB test (i.e., tuberculosis skin test (PPD), interferon-gamma release assay (IGRA)) within 12 months prior to (or concurrent with) the start of therapy. (7.76(p)5(2)) E.O. 13709

For **reauthorization**:

1. Chart notes have been provided showing improvement of signs and symptoms of disease (ie. decreased joint swelling and pain, improved skin appearance, improved quality of life, etc).

*If all the above requirements are met, the medication will be approved for an additional 12 months.*

**CareSource considers Skyrizi (risankizumab-rzaa) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
07/28/2019	New policy for Skyrizi created.
11/18/2020	Removed rheumatologist from prescriber requirement. Removed PsO 6 months or longer. Changed BSA to 3% or sensitive areas. Removed PASI score. Removed repeat TB for reauth. Updated references.
02/02/2022	New indication of PsA added. Changed to new format. Reworded DMARD language for PsA and PsO. Updated references.
03/17/2022	