

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

Risankizumab-rzaa subcutaneous 360 mg per 2.4 mL  
(Skyrizi 360 mg per 2.4 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
- \*\*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

**Initiation (new start) criteria:** Non-formulary **risankizumab-rzaa subcutaneous 360 mg per 2.4 mL (Skyrizi 360 mg per 2.4 mL)** will be covered on the prescription drug benefit 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 all of the following:
  - At least 2 tumor necrosis factor (TNF)-inhibitors\*\*
    - Infliximab product
    - Adalimumab product (criteria based)
    - Certolizumab (criteria based)
  - Vedolizumab
- Patient has received 3 doses of risankizumab-rzaa IV

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **risankizumab-rzaa subcutaneous 360 mg per 2.4 mL (Skyrizi 360 mg per 2.4 mL)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a gastroenterologist
- Patient is currently stable on the medication

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **risankizumab-rzaa subcutaneous 360 mg per 2.4 mL (Skyrizi 360 mg per 2.4 mL)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a gastroenterologist
- Patient is currently stable on the medication