

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCB-C2W-02
 PO Box 34262, Seattle WA 98124-1262

REVISED MARCH 13, 2023

RISANKIZUMAB-RZAA (SKYRIZI) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Risankizumab-rzaa (Skyrizi) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2023**, the criteria for risankizumab-rzaa (Skyrizi) will be updated to include a quantity limit for Crohn’s disease. This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. These prior authorization reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee’s evidence-based criteria for coverage.

Prior Authorization Criteria for risankizumab-rzaa (Skyrizi) (changes are in bold):

RISANKIZUMAB-RZAA	<p>For adult patients with moderately to severely active Crohn's disease with:</p> <ul style="list-style-type: none"> • Contraindication or intolerance to at least two TNF-inhibitors (e.g., infliximab-dyyb, adalimumab) and ustekinumab, OR • Inadequate response or loss of response to at least one TNF-inhibitor and ustekinumab • It is recommended that TNF-inhibitors are used in combination with azathioprine, 6-mercaptopurine, or methotrexate. <p>Quantity Limit for Crohn’s Disease: Induction: 600 mg administered intravenously at week 0, 4, and 8 Maintenance: 360 mg administered by subcutaneous injection at week 12, and every 8 weeks thereafter</p>
-------------------	--


Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,



Peter Barkett, MD, Chair
 Pharmacy & Therapeutics Committee