



Commercial/Health Care Exchange Quantity Limit Criteria
Effective: July 22, 2019

Quantity Limit Name: Skyrizi

Products Affected: Skyrizi (risankizumab) subcutaneous injection

Type of Quantity Limit:

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify)

Limits to be applied:

Coverage will be provided only up to the limits specified below.

Skyrizi (risankizumab) subcutaneous injection: 225mg/1.5mL (2 syringes) per 84 days

Note: Clinical criteria incorporated to allow for loading doses at week 0 and week 4 then every 12 weeks thereafter.

References:

1. Product Information: SKYRIZI(TM) subcutaneous injection, risankizumab-rzaa subcutaneous injection. AbbVie Inc (per FDA), North Chicago, IL, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	7/22/2019

Last Res. June 26th, 2019