PA Readiness Report — Case #10

Aetna · Skyrizi (risankizumab) · Maya Reynolds, MD

Readiness summary

5 of 5 requirements documented · 0 not yet shown · 0 unknown · 0 to gather.
Checked against: Risankizumab-rzaa (Skyrizi) · Policy #1009 · medical benefit · plan Commercial · effective Jul 1, 2026 – open-ended.
Member plan type (staff-entered): Commercial.
Assessed from the practice's documents — “Not yet shown” means the records don't yet document it, not that the payer would deny it: gather it before submitting.

Requested indication — what the policy says

Requested for (staff-entered): Plaque psoriasis (moderate-to-severe).
The policy's own diagnosis / indication requirements: rows 1, 3, 5 of the criteria assessment below.
This is a reading of the policy's own criteria — not a coverage decision; the payer decides.

Criteria assessment

1. Met — Prescriber specialty: medication must be prescribed by or in consultation with a dermatologist (for plaque psoriasis indication). [C1] — policy pages 2–2. Note: The chart note header identifies the provider as Maya Reynolds, MD (Dermatology) at Cumberland Specialty Dermatology. This satisfies the 'prescribed by' pathway of the dermatologist requirement.
2. Met — Member is an adult (18 years of age or older). [C2] — policy pages 2–2. Note: Patient is documented as 36 years old, satisfying the adult member requirement.
3. Met — Diagnosis of moderate-to-severe plaque psoriasis meeting at least one of the following severity/disease criteria: (A.1) member has previously received a biologic or targeted synthetic drug indicated for moderate-to-severe plaque psoriasis; OR (A.2) crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected; OR at least 10% BSA is affected; OR at least 3% BSA is affected AND member has had an inadequate response or intolerance to either phototherapy (e.g., UVB, PUVA) or pharmacologic treatment with methotrexate, cyclosporine, or acitretin, OR member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine, and acitretin. [C3] — policy pages 2–2. Note: Multiple pathways are satisfied. BSA is documented at approximately 14%, meeting the 'at least 10% BSA affected' threshold under A.2.b. Additionally, scalp involvement satisfies the 'crucial body areas' pathway under A.2.a. The 'at least 3%+ inadequate response' pathway under A.2.c is also met by documented inadequate response to narrowband UVB phototherapy and intolerance/inadequate response to methotrexate.
4. Met — Member has been evaluated for tuberculosis (TB) infection prior to initiation of treatment with a biologic or targeted synthetic drug associated with an increased risk of TB. [C4] — policy pages 6–6. Note: TB screening via QuantiFERON-TB Gold Plus IGRA was performed on 08/11/2026, prior to initiation of Skyrizi, with a negative result. This satisfies the TB evaluation requirement.
5. Met — Member cannot use risankizumab concomitantly with any other biologic drug or targeted synthetic drug for the same indication. [C5] — policy pages 6–6. Note: The chart note explicitly documents no current biologic or targeted synthetic therapy, satisfying the requirement that the medication not be used concomitantly with another biologic or targeted synthetic drug for the same indication.

Documentation to gather

Nothing to gather — every requirement is documented.

Evidence References

[C1] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "Provider: Maya Reynolds, MD (Dermatology)"
[C2] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "36-year-old with chronic plaque psoriasis diagnosed in 2021."
[C3] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "Estimated body surface area (BSA) involvement approximately 14%. PASI score today: 16.2. Scalp and visible-site involvement adds substantial quality-of-life burden"
[C4] PA-Test-Lab-Report-SYNTHETIC.txt, p. 1: "QuantiFERON-TB Gold Plus (interferon-gamma release assay)
Result: NEGATIVE
Interpretation: No evidence of Mycobacterium tuberculosis infection.
Tuberculosis screening NEGATIVE prior to initiation of biologic therapy."
[C5] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "No current biologic or targeted synthetic therapy. No concomitant immunosuppressants."