Prior Authorization Packet — Case #10

Aetna · Skyrizi (risankizumab) · Maya Reynolds, MD

Letter of medical necessity

Cumberland Specialty Dermatology
1200 Demo Way, Suite 300, Nashville, Tennessee 37203
Phone: (615) 555-0142 | Fax: (615) 555-0143

Date: August 30, 2026

To: Aetna Prior Authorization Review
Re: Prior Authorization Request — Risankizumab-rzaa (Skyrizi)
Governing Policy: Risankizumab-rzaa (Skyrizi), Policy #1009, Medical Benefit, Effective 2026-07-01
Member: Alex Rivera | Member ID: SYN-00738291
Date of Birth: 03/02/1990
Requested Medication: Risankizumab-rzaa (Skyrizi) 150 mg subcutaneous injection
Requested Indication: Moderate-to-severe plaque psoriasis

Dear Prior Authorization Reviewer,

We respectfully request authorization of risankizumab-rzaa (Skyrizi) 150 mg subcutaneous injection for the above-named member under Aetna Clinical Policy Bulletin #1009, effective 2026-07-01, for the treatment of moderate-to-severe plaque psoriasis. The clinical basis for this request is set forth below, with each factual finding cited to the member's chart and laboratory records.

I. PRESCRIBER SPECIALTY

The policy requires that, for the plaque psoriasis indication, the medication be prescribed by or in consultation with a dermatologist. [C1] The treating provider of record is Maya Reynolds, MD (Dermatology), at Cumberland Specialty Dermatology, 1200 Demo Way, Suite 300, Nashville, TN 37203. [C2] The progress note confirms: 'Provider: Maya Reynolds, MD (Dermatology).' [C2] This satisfies the prescriber-specialty requirement under Policy Section II, Prescriber Specialties, Subsection A. [C1]

II. MEMBER AGE

The policy limits the plaque psoriasis indication to adult members. [C3] The chart documents the member as a '36-year-old with chronic plaque psoriasis diagnosed in 2021,' [C4] confirming the member is 18 years of age or older.

III. DIAGNOSIS AND DISEASE SEVERITY

The policy provides several pathways under Section II.A for establishing moderate-to-severe plaque psoriasis meeting initial-approval criteria. [C3] The qualifying pathway argued here is involvement of crucial

body areas as defined by the policy — specifically, scalp involvement — which independently satisfies Section II.A.2.a. [C3] The chart documents: 'Current involvement includes bilateral elbows, knees, lower back, and scalp,' and further records that 'Scalp and visible-site involvement adds substantial quality-of-life burden.' [C4] The assessment confirms 'Moderate-to-severe chronic plaque psoriasis (BSA ~14%, PASI 16.2, scalp involvement).' [C4] The policy's enumerated examples of crucial body areas include 'scalp.' [C3] The record's BSA and PASI figures are additional clinical context for the severity of the member's disease and do not alter the basis of this qualifying pathway.

IV. PRIOR CONVENTIONAL THERAPY — INADEQUATE RESPONSE AND INTOLERANCE

The chart documents a complete prior-treatment history relevant to Policy Section II.A.2. [C3] The member received:

1. Topical therapy: 'Clobetasol 0.05% ointment and calcipotriene 0.005% cream — partial, inadequate control.' [C4]

2. Methotrexate (oral): 'Methotrexate (oral, 15 mg weekly, 01/2024–06/2024): discontinued due to intolerance — persistent transaminase elevation (ALT 2.8x ULN on two consecutive checks); documented hepatotoxicity concern. Inadequate response prior to discontinuation.' [C4] Current laboratory results confirm that ALT and AST have since normalized following methotrexate discontinuation: 'ALT 31 U/L, AST 27 U/L (normalized following methotrexate discontinuation).' [C5]

3. Narrowband UVB phototherapy: 'Narrowband UVB phototherapy (3x weekly, 09/2024–03/2025, 68 sessions): inadequate response — BSA improved only from ~16% to ~14%; plaques recurred within 4 weeks of taper.' [C4]

These findings document inadequate response or intolerance to both phototherapy and methotrexate, as contemplated by Policy Section II.A.2.c.i. [C3]

V. TUBERCULOSIS EVALUATION

Policy Section IV requires that the member have 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. [C6] The laboratory report dated 08/11/2026 — collected prior to the planned initiation of Skyrizi — documents: '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.' [C7] This satisfies the TB evaluation requirement. If latent TB had been identified, relevant prophylaxis documentation would need to be obtained and attached where payer or prescribing guidance requires it; the result here is negative.

VI. NO CONCOMITANT BIOLOGIC OR TARGETED SYNTHETIC THERAPY

Policy Section IV further requires that the member not use risankizumab concomitantly with any other biologic drug or targeted synthetic drug for the same indication. [C8] The chart explicitly states: 'No current

biologic or targeted synthetic therapy. No concomitant immunosuppressants.' [C9] This requirement is satisfied as documented.

VII. REQUESTED REGIMEN

As documented in the plan of care, the requested regimen is: 'Initiate risankizumab-rzaa (Skyrizi) 150 mg subcutaneous at Week 0, Week 4, then every 12 weeks for moderate-to-severe plaque psoriasis.' [C10] This is consistent with the policy's dosage and administration information for plaque psoriasis: 'The recommended dosage is 150 mg administered by subcutaneous injection at Week 0, Week 4, and every 12 weeks thereafter.' [C11]

VIII. REQUEST

Based on the foregoing documented clinical findings, we respectfully request authorization of risankizumab-rzaa (Skyrizi) 150 mg subcutaneous injection at Week 0, Week 4, and every 12 weeks thereafter for this member's moderate-to-severe plaque psoriasis, as documented in the records cited above and under the criteria of Policy #1009.

Route-specific code: Pharmacy benefit — bill by NDC (per Aetna benefit determination)

Thank you for your prompt review of this request.

Sincerely,

Maya Reynolds, MD
Cumberland Specialty Dermatology

Evidence summary

The following table maps each numbered policy criterion to the supporting record evidence.

ROW 1 — PRESCRIBER SPECIALTY (Policy §II, Prescriber Specialties A)
Policy language: 'Plaque psoriasis: dermatologist.' [C1]
Record evidence: The progress note header states 'Provider: Maya Reynolds, MD (Dermatology)' at Cumberland Specialty Dermatology. [C2] Documented.

ROW 2 — ADULT MEMBER (Policy §II.A, adult members)
Policy language: Criteria apply to 'adult members.' [C3]
Record evidence: The chart documents '36-year-old with chronic plaque psoriasis diagnosed in 2021.' [C4] Documented.

ROW 3 — MODERATE-TO-SEVERE PLAQUE PSORIASIS / DISEASE SEVERITY CRITERIA (Policy §II.A.2.a and §II.A.2.c.i)
Policy language: 'Crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are 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.' [C3]
Record evidence: The chart documents scalp involvement — 'Current involvement includes bilateral elbows, knees, lower back, and scalp' and 'Scalp and visible-site involvement adds substantial quality-of-life burden' [C4] — satisfying the crucial-body-area pathway. The chart also documents inadequate response to narrowband UVB phototherapy ('Narrowband UVB phototherapy (3x weekly, 09/2024–03/2025, 68 sessions): inadequate response — BSA improved only from ~16% to ~14%; plaques recurred within 4 weeks of taper') [C4] and intolerance to methotrexate ('Methotrexate (oral, 15 mg weekly, 01/2024–06/2024): discontinued due to intolerance — persistent transaminase elevation (ALT 2.8x ULN on two consecutive checks); documented hepatotoxicity concern. Inadequate response prior to discontinuation'). [C4] Documented.

ROW 4 — TUBERCULOSIS EVALUATION (Policy §IV)
Policy language: '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.' [C6]
Record evidence: Lab report dated 08/11/2026 documents '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.' [C7] Documented.

ROW 5 — NO CONCOMITANT BIOLOGIC OR TARGETED SYNTHETIC DRUG (Policy §IV)
Policy language: 'Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.' [C8]
Record evidence: The chart states 'No current biologic or targeted synthetic therapy. No concomitant immunosuppressants.' [C9] Documented.

Codes and requested duration

DIAGNOSIS CODE
ICD-10: L40.0 (Psoriasis vulgaris)

PROCEDURE / ADMINISTRATION CODE
CPT 96372 — Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

DRUG / HCPCS CODE
Route-specific code: Pharmacy benefit — bill by NDC (per Aetna benefit determination)
Note: Policy #1009 lists J2327 (Injection, risankizumab-rzaa, intravenous, 1 mg) as the HCPCS code covered when selection criteria are met; the requested regimen for plaque psoriasis is subcutaneous. Route-specific benefit-category and code determination is pending.

REQUESTED DOSE AND REGIMEN
Risankizumab-rzaa (Skyrizi) 150 mg subcutaneous injection at Week 0, Week 4, and every 12 weeks thereafter [C10]

AUTHORIZATION DURATION REQUESTED
12 months

NPI — PRESCRIBING PROVIDER
1234567893

Enclosures

- Chart note — PA-Test-Chart-Note-SYNTHETIC.txt
- Labs — PA-Test-Lab-Report-SYNTHETIC.txt

Evidence References

[C1] Payer policy, pages 2–2: "I. Prescriber Specialties This medication in this policy must be prescribed by or in consultation with one of the following: A. Plaque psoriasis: dermatologist"
[C2] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "Provider: Maya Reynolds, MD (Dermatology)"
[C3] Payer policy, pages 2–2: "II. Criteria for Initial Approval Aetna considers risankizumab-rzaa (Skyrizi) medically necessary for the following indications when criteria are met: A. Plaque psoriasis (PsO) 1. For adult members who have previously received a biologic or targeted synthetic drug (e.g., Sotyktu, Otezla) indicated for the treatment of moderate to severe plaque psoriasis; or 2. For adult members for treatment of moderate-to-severe plaque psoriasis when any of the following criteria is met: a. Crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected; or b. At least 10% of the body surface area (BSA) is affected; or c. At least 3% of BSA is affected and the member meets either of the following criteria:"
[C4] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "36-year-old with chronic plaque psoriasis diagnosed in 2021. Disease has progressed over the past 18 months. Current involvement includes bilateral elbows, knees, lower back, and scalp. Estimated body surface area (BSA) involvement approximately 14%. PASI score today: 16.2. Scalp and visible-site involvement adds substantial quality-of-life burden; patient reports sleep disruption from pruritus."
[C5] PA-Test-Lab-Report-SYNTHETIC.txt, p. 1: "ALT 31 U/L, AST 27 U/L (normalized following methotrexate discontinuation)"
[C6] Payer policy, pages 6–6: "For all indications: 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."
[C7] 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."
[C8] Payer policy, pages 6–6: "For all indications: Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication."
[C9] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "No current biologic or targeted synthetic therapy. No concomitant immunosuppressants."
[C10] PA-Test-Chart-Note-SYNTHETIC.txt, p. 1: "Initiate risankizumab-rzaa (Skyrizi) 150 mg subcutaneous at Week 0, Week 4, then every 12 weeks for moderate-to-severe plaque psoriasis."
[C11] Payer policy, pages 7–7: "The recommended dosage is 150 mg administered by subcutaneous injection at Week 0, Week 4, and every 12 weeks thereafter."