

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Bimekizumab-bkzx (Bimzelx)

#### Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
  - Phototherapy – 8 weeks
  - Systemic non-biologics for psoriasis – 6 weeks
  - Biologics – 12 weeks
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-Formulary **bimekizumab-bkzx (Bimzelx)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
  - Patient has failed an adequate trial<sup>^</sup> of phototherapy (unless documented by prescriber phototherapy not appropriate)
  - Patient has failed an adequate trial<sup>^</sup>, or patient has an allergy or intolerance\* to, at least 1 of the following (or contraindication to all):
    - Methotrexate
    - Acitretin
    - Cyclosporine
  - Patient has failed an adequate trial<sup>^</sup>, or patient has an allergy or intolerance\* to all of the following:
    - Adalimumab product (criteria based)
    - Secukinumab (criteria based)
    - Ustekinumab (criteria based)
    - Guselkumab (criteria based)
    - Risankizumab-rzaa (criteria based)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **bimekizumab-bkzx (Bimzelx)** will be covered on the prescription drug benefit 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
  - Patient has tried and failed, or patient has an allergy or intolerance\* to all of the following:
    - Adalimumab product (criteria based)
    - Secukinumab (criteria based)

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All plans offered and underwritten by  
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- Ustekinumab (criteria based)
- Guselkumab (criteria based)
- Risankizumab-rzaa (criteria based)

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary bimekizumab-bkzx (Bimzelx) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist
  - Patient is responding to treatment as documented by the prescriber