Ustekinumab Biosimilars (Subcutaneous)

Notes:

- Quantity Limits: Yes
- ^Adequate trial is defined as the following:
 - o Phototherapy 8 weeks
 - Systemic non-biologics for psoriasis 6 weeks
 - Methotrexate for psoriatic arthritis 3 months
 - o Biologics 12 weeks
 - Topical/oral antibiotics 8 weeks
- *Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- **Methotrexate not required if patient has dactylitis (inflammation of finger or toe) and/or enthesitis (inflammation of entheses)

Ustekinumab-kfce (Yesintek): Formulary preferred

<u>Initiation (new start) criteria</u>: Formulary **ustekinumab-kfce (Yesintek)** will be covered on the prescription drug benefit when the following criteria are met:

- 1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient has failed an adequate trial[^] of phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has failed an adequate trial[^], or patient has an allergy or intolerance^{*} to at least 1 of the following (or contraindication to all):
 - Methotrexate
 - o Acitretin
 - Cyclosporine
- 2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has failed an adequate trial[^], has an intolerance^{*}, or has a contraindication to methotrexate^{**}
- Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
 - Patient has received, or is scheduled to receive, one dose of ustekinumab product IV

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- 4. Prescriber is a dermatologist and patient has a diagnosis of hidradenitis suppurativa
 - Patient has failed an adequate trial, or patient has an allergy or intolerance to, the following (or contraindication to all):
 - Topical clindamycin 1%
 - o Oral antibiotic

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Formulary ustekinumab-kfce
(Yesintek) will be covered on the prescription drug benefit when the following criteria are met:

- 1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis or hidradenitis suppurativa
 - Patient currently stable on ustekinumab-kfce
- Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient currently stable on ustekinumab-kfce
- Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
 - Patient currently stable on ustekinumab-kfce

<u>Ustekinumab-aauz, ustekinumab-auub, ustekinumab-stba ustekinumab-ttwe, ustekinumab-aekn: Non-formulary non-preferred</u>

<u>Initiation (new start) criteria</u>: Non-formulary <u>ustekinumab-aauz, ustekinumab-auub, ustekinumab-stba ustekinumab-ttwe, or ustekinumab-aekn</u> will be covered on the prescription drug benefit when the following criteria are met:

- 1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient has failed an adequate trial[^] of phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has failed an adequate trial[^], or patient has an allergy or intolerance^{*} to at least 1 of the following (or contraindication to all):

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Ustekinumab Biosimilars (Subcutaneous)

- Methotrexate
- Acitretin
- Cyclosporine
- Patient has a documented allergic reaction to ustekinumab-kfce (does not include injection site reaction) OR patient has failed an adequate trial[^] of ustekinumab-kfce
- Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has failed an adequate trial[^], has an intolerance^{*}, or has a contraindication to methotrexate^{**}
 - Patient has a documented allergic reaction to ustekinumab-kfce (does not include injection site reaction) OR patient has failed an adequate trial[^] of ustekinumab-kfce
- 3. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
 - Patient has a documented allergic reaction to ustekinumab-kfce (does not include injection site reaction) OR patient has failed an adequate trial[^] of ustekinumab-kfce

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary <u>ustekinumab-auub, ustekinumab-stba ustekinumab-ttwe, or ustekinumab-aekn</u> will be covered on the prescription drug benefit when the following criteria are met:

- 1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient currently stable on ustekinumab biosimilar
 - Patient has a documented allergic reaction to ustekinumab-kfce (does not include injection site reaction) OR patient has failed an adequate trial[^] of ustekinumab-kfce
- 2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient currently stable on ustekinumab biosimilar

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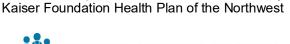


Ustekinumab Biosimilars (Subcutaneous)

- Patient has a documented allergic reaction to ustekinumab-kfce (does not include injection site reaction) OR patient has failed an adequate trial[^] of ustekinumab-kfce
- 3. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
 - Patient currently stable on ustekinumab biosimilar
 - Patient has a documented allergic reaction to ustekinumab-kfce (does not include injection site reaction) OR patient has failed an adequate trial[^] of ustekinumab-kfce

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