

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Ustekinumab Biosimilars (Subcutaneous)

#### Notes:

- Quantity Limits: Yes
- ^Adequate trial is defined as the following:
  - Phototherapy – 8 weeks
  - Systemic non-biologics for psoriasis – 6 weeks
  - Methotrexate for psoriatic arthritis – 3 months
  - 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

**Initiation (new start) criteria:** 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
    - 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\*\*
3. 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<sup>^</sup>, or patient has an allergy or intolerance\* to, the following (or contraindication to all):
    - Topical clindamycin 1%
    - Oral antibiotic

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** 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
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
  - Patient currently stable on ustekinumab-kfce
3. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
  - Patient currently stable on ustekinumab-kfce

**Ustekinumab-aauz, ustekinumab-auub, ustekinumab-stba ustekinumab-ttwe, ustekinumab-aekn: Non-formulary non-preferred**

**Initiation (new start) criteria:** Non-formulary **ustekinumab-aauz, ustekinumab-auub, ustekinumab-stba ustekinumab-ttwe, or ustekinumab-aekn** 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<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):

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- 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
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\*\*
    - 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

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **ustekinumab-aaaz, ustekinumab-auub, ustekinumab-stba, ustekinumab-ttwe, or ustekinumab-aekn** 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