

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### ustekinumab-kfce subcutaneous (Yesintek SC)

#### 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
- \*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)

**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<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
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
  - Patient has failed an adequate trial<sup>^</sup>, has an intolerance\*, or has a contraindication to methotrexate\*\*
  - Patient has failed an adequate<sup>^</sup> trial, has an intolerance\*, or has a contraindication to at least 1 tumor necrosis factor (TNF)-inhibitor:
    - Infliximab product
    - Adalimumab product (criteria based)
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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**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
  - 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

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