

**POLICY:** Inflammatory Conditions – Ustekinumab Intravenous Products Utilization Management Medical Policy

- Stelara® (ustekinumab intravenous infusion – Janssen Biotech)
- Imuldosa® (ustekinumab-srlf intravenous infusion – Accord)
- Otulfi™ (ustekinumab-aauz intravenous infusion – Formycon/Fresenius)
- Pyzchiva™ (ustekinumab-ttwe intravenous infusion – Sandoz/Samsung)
- Selarsdi™ (ustekinumab-aekn intravenous infusion – Alvotech/Teva)
- Steqeyma™ (ustekinumab-stba intravenous infusion – Celltrion)
- Wezlana™ (ustekinumab-auub intravenous infusion – Amgen)
- Ustekinumab intravenous infusion (Janssen Biotech)
- Ustekinumab-ttwe intravenous infusion (Quallent)

**EFFECTIVE DATE:** 1/1/2020

**LAST REVISION DATE:** 07/24/2024; selected revision 09/11/2024, 12/18/2024, 01/29/2025, 02/19/2025, 04/23/2025, 06/25/2025, 08/22/2025

**COVERAGE CRITERIA FOR:** UCare Medical Assistance Plans Only (PMAP, Connect, MSC+, MnCare)

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## OVERVIEW

Ustekinumab intravenous, a monoclonal antibody against the p40 subunit of the interleukin (IL)-12 and IL-23 cytokines, is indicated for the following conditions:<sup>1,6-11</sup>

- **Crohn's disease**, in adults with moderate to severe active disease.
- **Ulcerative colitis**, in adults with moderate to severe active disease.

In Crohn's disease and ulcerative colitis, a single weight-based dose is administered by intravenous (IV) infusion. Following induction therapy with the IV product, the recommended maintenance is ustekinumab subcutaneous (SC) injection, given as a 90 mg SC injection administered 8 weeks after the initial IV dose, then once every 8 weeks thereafter.

## Guidelines

Guidelines for the treatment of inflammatory conditions recommend use of ustekinumab.

- **Crohn's Disease:** The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).<sup>2</sup> Ustekinumab is a treatment option in patients who have moderate to severe disease despite treatment with another agent (e.g., corticosteroid, thiopurine, methotrexate, or tumor necrosis factor [TNF] inhibitors). Guidelines from the American Gastroenterological Association (AGA) [2021] include ustekinumab among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.<sup>5</sup>
- **Ulcerative Colitis:** The AGA (2024) and ACG (2019) have clinical practice guidelines on the management of moderate to severe ulcerative colitis in adults.<sup>3,4</sup> AGA recognizes all of the FDA-approved advanced therapies as potential options for adults with moderate to severe UC.<sup>4</sup> Advanced therapies include the biologics and targeted synthetic small molecule drugs. In general, the AGA recommends starting with advanced therapies and/or immunomodulators. Immunomodulators are recommended in the setting of maintenance of clinical remission induced by corticosteroids. The ACG recommend TNF inhibitors, Entyvio® (vedolizumab IV infusion/subcutaneous injection), Stelara® (ustekinumab IV infusion/subcutaneous injection), or Xeljanz®/Xeljanz® XR (tofacitinib tablets, tofacitinib extended-release tablets) for induction

treatment of moderate to severe disease.<sup>4</sup> The guidelines also recommend that any drug that effectively treats induction should be continued for maintenance.<sup>3</sup>

#### **POLICY STATEMENT**

Prior Authorization is recommended for medical benefit coverage of ustekinumab intravenous. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). Because of the specialized skills required for evaluation and diagnosis of patients treated with ustekinumab intravenous as well as the monitoring required for adverse events and long-term efficacy, approval requires ustekinumab intravenous to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for 30 days, which is an adequate duration for the patient to receive one dose.

**Automation:** None.

#### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Stelara, Imuldosa, Otulfi, Pyzchiva, Selarsdi, Steqeyma, Wezlana, Ustekinumab intravenous infusion and Ustekinumab-ttwe intravenous infusion is recommended for requests meeting both the preferred product step therapy requirements and indication requirements.

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**Preferred Product(s):** Yesintek

**Non-Preferred Products(s):** Stelara, Imuldosa, Otulfi, Pyzchiva, Steqeyma, Selarsdi, Wezlana, Ustekinumab intravenous infusion and Ustekinumab-ttwe intravenous infusion

#### **Step Therapy Requirements:**

**Authorization for a non-preferred biologic product or biosimilar will be granted if the patient has had any one of the listed issues below (A, B, C, or D) with all preferred product(s). Chart notes documenting the issue must be provided at time of request:**

- A. Allergic reaction to a specific inactive ingredient in all preferred biologic products or biosimilars OR
- B. Adverse reaction to a specific inactive ingredient in all preferred biologic products or biosimilars OR
- C. Therapeutic success while taking a non-preferred biologic product or biosimilar and therapeutic failure during an adequate trial of all preferred biologic products or biosimilars which allowed sufficient time for a positive treatment outcome documented by medical chart notes OR
- D. The patient has a diagnosis not included in the FDA-approved indications of all preferred products, but is included in the FDA-approved indications of the non-preferred product

Please note:

- Factors such as patient or prescriber preference or healthcare facility's or pharmacy's inability or unwillingness to order or stock the preferred product(s) will not be considered
- Common side effects to all products and infusion-related reactions are not considered documented allergic reactions to a preferred product as they would be expected with the innovator and biosimilar products
- Continuation of therapy overrides are not available to bypass required trial(s) of preferred biosimilar or biologic reference product
- Generally, an adequate trial of a drug is considered to be three months or longer in order to allow time for efficacy to be established

### FDA-Approved Indications

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**1. Crohn's Disease.** Approve a single dose if the patient meets ALL of the following (A, B, C, and D):

A) Patient is  $\geq 18$  years of age; AND

B) The medication will be used as induction therapy; AND

C) Patient meets ONE of the following (i, ii, iii, or iv):

i. Patient has tried or is currently taking a systemic corticosteroid, or a systemic corticosteroid is contraindicated in this patient; OR

ii. Patient has tried one other conventional systemic therapy for Crohn's disease; OR

Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. An exception to the requirement for a trial of or contraindication to steroids or a trial of one other conventional systemic agent can be made if the patient has already tried at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for Crohn's disease. A trial of mesalamine does not count as a systemic agent for Crohn's disease.

iii. Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR

iv. Patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND

D) The medication is prescribed by or in consultation with a gastroenterologist.

**Dosing.** Approve ONE of the following weight-based doses (A, B, or C):

A)  $\leq 55$  kg (121 lbs): Approve up to 260 mg as an intravenous infusion.

B)  $> 55$  kg but  $\leq 85$  kg ( $> 121$  lbs but  $\leq 187$  lbs): Approve up to 390 mg as an intravenous infusion.

C)  $\geq 85$  kg ( $> 187$  lbs): Approve up to 520 mg as an intravenous infusion.

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**2. Ulcerative Colitis.** Approve a single dose if the patient meets ALL of the following (A, B, C, and D):

A) Patient is  $\geq 18$  years of age; AND

B) The medication will be used as induction therapy; AND

C) Patient meets ONE of the following (i or ii):

i. Patient has tried one systemic therapy; OR

Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone. A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. A trial of one biologic other than the requested medication also counts as a trial of one systemic agent for ulcerative colitis. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for ulcerative colitis.

ii. Patient meets BOTH of the following (a and b):

a) Patient has pouchitis; AND

b) Patient has tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema; AND  
Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema.

D) The medication is prescribed by or in consultation with a gastroenterologist.

**Dosing.** Approve ONE of the following weight-based doses (A, B, or C):

A) ≤ 55 kg (121 lbs): Approve up to 260 mg as an intravenous infusion.

B) > 55 kg but ≤ 85 kg (> 121 lbs but ≤ 187 lbs): Approve up to 390 mg as an intravenous infusion.

C) > 85 kg (> 187 lbs): Approve up to 520 mg as an intravenous infusion.

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**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of ustekinumab intravenous is not recommended in the following situations:

- 1. Ankylosing Spondylitis (AS).** There are other biologic therapies indicated in AS. More data are needed to demonstrate efficacy of ustekinumab in this condition. There is a published proof-of-concept trial evaluating ustekinumab in AS (TOPAS – UsTekinumab for the treatment Of Patients with active Ankylosing Spondylitis).<sup>4</sup> TOPAS was a prospective, open-label study evaluating ustekinumab 90 mg subcutaneous at Week 0, 4, and 16 in patients (n = 20) with AS. After Week 16, patients were followed through Week 28. Patients who previously failed to respond to tumor necrosis factor inhibitor (TNFi) were excluded. The primary endpoint was a 40% improvement in disease activity at Week 24 according to the Assessment of SpondyloArthritis International Society (ASAS) criteria (ASAS40) in the intent-to-treat population which included all patients who received at least one dose of ustekinumab. In all, 65% of patients (95% confidence interval [CI]: 41%, 85%; n = 13/20) achieved an ASAS40 response at Week 24. There was at least a 50% improvement of the BASDAI (Bath Ankylosing Spondylitis Disease Activity Index) achieved by 55% of patients (95% CI: 32%, 77%; n = 11/20). However, enthesitis (measured by MASES [Maastricht AS Entheses Score] and SPARCC [SPondyloArthritis Research Consortium of Canada] enthesitis indices) and the number of swollen joints were not significantly improved at Week 24. There was a significant reduction of active inflammation on magnetic resonance imaging at Week 24 compared with baseline in sacroiliac joints.
- 2. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.  
Note: This does NOT exclude the use of conventional agents (e.g., methotrexate, 6-mercaptopurine, azathioprine, and sulfasalazine) in combination with this medication.
- 3. Plaque Psoriasis.** Ustekinumab for subcutaneous injection is indicated for treatment of plaque psoriasis.<sup>1</sup> Appropriate dosing of ustekinumab intravenous in plaque psoriasis is unclear.
- 4. Psoriatic Arthritis.** Ustekinumab for subcutaneous injection is indicated for treatment of psoriatic arthritis.<sup>1</sup> Appropriate dosing of ustekinumab intravenous in psoriatic arthritis is unclear.
- 5.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. Stelara® intravenous infusion, subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; March 2024.
2. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Clinical Guideline: management of Crohn's Disease in adults. *Am J Gastroenterol*. 2018;113(4):481-517.
3. Singh S, Loftus EV Jr, Limketkai BN, et al. AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis. *Gastroenterology*. 2024 Dec;167(7):1307-1343.
4. Rubin D, Ananthakrishnan A, Siegel C. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. *Am J of Gastroenterol*. 2025 June;120(6):1187-1224.
5. Poddubnyy D, Hermann KG, Callhoff J, et al. Ustekinumab for the treatment of patients with active ankylosing spondylitis: results of a 28-week, prospective, open-label, proof-of-concept study (TOPAS). *Ann Rheum Dis*. 2014;73(5):817-823.
6. Otulfi® intravenous infusion, subcutaneous injection [prescribing information]. Lake Zurich, IL: Fresenius; December 2024.
7. Pyzchiva® intravenous infusion, subcutaneous injection [prescribing information]. Princeton, NJ: Sandoz; June 2024.
8. Selarsdi® intravenous infusion, subcutaneous injection [prescribing information]. Parsippany, NJ: Teva; October 2024.
9. Steqeyma® intravenous infusion, subcutaneous injection [prescribing information]. Incheon, Republic of Korea: Celltrion; December 2024.
10. Yesintek® intravenous infusion, subcutaneous injection [prescribing information]. Cambridge, MA: Biocon; December 2024.
11. Wezlana® intravenous infusion, subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; January 2025.
12. Imuldosa® intravenous infusion, subcutaneous injection [prescribing information]. Raleigh, NC: Accord; October 2025.
13. Feuerstein JD, Ho EY, Shmidt E, et al. AGA clinical practice guidelines on the medical management of moderate to severe luminal and perianal fistulizing Crohn's disease. *Gastroenterology*. 2021;160(7):2496-2508.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	06/28/2023
Annual Revision	<b>Ulcerative Colitis:</b> A note was added that a trial of a mesalamine product does not count as a systemic agent for ulcerative colitis.	07/24/2024
Selected Revision	<b>Conditions Not Recommended for Approval:</b> Concurrent use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug was changed to as listed (previously oral small molecule drug was listed as Disease-Modifying Antirheumatic Drug).	09/11/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/16/2024
Selected Revision	Policy name was changed to more generally list Ustekinumab Intravenous Products; previously policy was specific to Stelara Intravenous. Wezlana intravenous was added to the policy; the same criteria apply for Wezlana and for Stelara intravenous.	12/18/2024
Selected Revision	Otulfi, Pyzchiva, Selarsdi, Steqeyma, and Yesintek intravenous were added to the policy; the same criteria apply for all ustekinumab intravenous products.	01/29/2025
Selected Revision	Ustekinumab-ttwe intravenous was added to the policy; the same criteria apply as the other ustekinumab intravenous products.	02/19/2025
Selected Revision	Ustekinumab intravenous (unbranded Stelara) was added to the policy; the same criteria apply as the other ustekinumab intravenous products.	04/23/2025
Selected Revision	Imuldosa intravenous was added to the policy; the same criteria apply for all ustekinumab intravenous products.	06/25/2025
UCare Update	Updated preferred product to Yesintek, which will no longer require a review for members on Medical Assistance plans and updated step therapy criteria to require chart note documentation to support the need for a non-preferred product.	08/22//2025

## APPENDIX

	Mechanism of Action	Examples of Indications*
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia®</b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
<b>Infliximab IV Products</b> (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Zymfentra®</b> (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Simponi®, Simponi Aria®</b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
<b>Tocilizumab Products</b> (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
<b>Kevzara®</b> (sarilumab SC injection)	Inhibition of IL-6	RA
<b>Orencia®</b> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret®</b> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Omvoh®</b> (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	UC, CD
<b>Ustekinumab Products</b> (Stelara® SC injection, biosimilar; Stelara IV infusion, biosimilar)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
<b>Siliq®</b> (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx®</b> (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA
		IV formulation: AS, nr-axSpA, PsA
<b>Taltz®</b> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Bimzelx®</b> (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
<b>Ilumya®</b> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi®</b> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC
		IV formulation: CD, UC
<b>Tremfya®</b> (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: PsA, PsO, UC
		IV formulation: UC
<b>Entyvio®</b> (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs</b>		
<b>Otezla®</b> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo™</b> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant®</b> (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
<b>Litfulo®</b> (ritlecitinib capsules)	Inhibition of JAK pathways	AA
<b>Leqselvi®</b> (deuruxolitinib tablets)	Inhibition of JAK pathways	AA



<b>Rinvoq</b> <sup>®</sup> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
<b>Rinvoq</b> <sup>®</sup> <b>LQ</b> (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
<b>Sotyktu</b> <sup>®</sup> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz</b> <sup>®</sup> (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz</b> <sup>®</sup> <b>XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
<b>Zeposia</b> <sup>®</sup> (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
<b>Velsipity</b> <sup>®</sup> (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

\* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.