



Drug Coverage Policy

Effective Date04/15/2025
Coverage Policy Number.....IP0686
Policy Title....Ustekinumab Intravenous
Prior Authorization Policy

Inflammatory Conditions – Ustekinumab Intravenous Prior Authorization Policy

- Stelara® (ustekinumab intravenous infusion – Janssen Biotech)
- Otulfi™ (ustekinumab-aauz intravenous infusion – Formycon/Fresenius)
- Pyzchiva™ (ustekinumab-ttwe intravenous infusion – Sandoz/Samsung)
- ustekinumab-ttwe intravenous infusion (Quallent)
- Selarsdi™ (ustekinumab-aekn intravenous infusion – Alvotech/Teva)
- Steqeyma™ (ustekinumab-stba intravenous infusion – Celltrion)
- Yesintek™ (ustekinumab-kfce intravenous infusion – Biocon)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

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

- **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).² 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.⁵
- **Ulcerative Colitis:** The AGA (2024) and ACG (2019) have clinical practice guidelines on the management of moderate to severe ulcerative colitis in adults.^{3,4} AGA recognizes all of the FDA-approved advanced therapies as potential options for adults with moderate to severe UC.⁴ 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.⁴ The guidelines also recommend that any drug that effectively treats induction should be continued for maintenance.³

Coverage Policy

Policy Statement

Prior Authorization is required for 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.

Ustekinumab intravenous is considered medically necessary when ONE of the following is met (1 or 2):

FDA-Approved Indications

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

- A)** Patient is ≥ 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)** ≤ 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.

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

- A)** Patient is ≥ 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.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Ustekinumab intravenous for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 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).⁴ 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, but patients who discontinued a TNFi for reasons other than lack of efficacy were allowed to enroll. The primary endpoint was a 40% improvement in disease activity at Week 24 according to the Assessment of SpondyloArthritis International Society (ASAS) criteria (ASAS40). Efficacy analysis was completed 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); improvement in other secondary endpoints were also noted. 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.¹ Appropriate dosing of Stelara intravenous in plaque psoriasis is unclear.

- 4. Psoriatic Arthritis.** Ustekinumab for subcutaneous injection is indicated for treatment of psoriatic arthritis.¹ Appropriate dosing of ustekinumab intravenous in psoriatic arthritis is unclear.

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
C9399	Unclassified drugs or biologicals
J3358	Ustekinumab, for intravenous injection, 1 mg
J3490	Unclassified drugs
J3590	Unclassified biologicals
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg (Effective Date 7/1/2025)
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg

References

1. Stelara® intravenous infusion, subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; March 2023.
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 DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol*. 2019;114(3):384-413.
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.

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	11/1/2024
Selected Revision	<p>Policy name was updated to more generally list Ustekinumab Intravenous Products; previously policy was specific to Stelara Intravenous.</p> <p>Otulf, Pyzchiva, ustekinumab-ttwe, Selarsdi, Steqeyma, and Yesintek intravenous were added to the policy; the same criteria apply for all ustekinumab intravenous products.</p> <p>Updated HCPCS Coding Added HCPCS: J3358, Q9997, Q9998, Q9999</p>	04/15/2025
Selected Revision	<p>Updated HCPCS Coding: Added Q5099 Q5100 (Codes Effective 7/1/2025)</p>	4/15/2025

The policy effective date is in force until updated or retired.

APPENDIX

	Mechanism of Action	Examples of Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Zymfentra® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
Simponi®, Simponi Aria® (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Tocilizumab Products (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA

Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA [^] , RA
Omvo® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	UC, CD
Ustekinumab Products (Stelara® SC injection, biosimilar; Stelara IV infusion, biosimilar)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq® (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA
		IV formulation: AS, nr-axSpA, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Bimzelx® (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
Ilumya® (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skylizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC
		IV formulation: CD, UC
Tremfya® (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: PsA, PsO, UC
		IV formulation: UC
Entyvio® (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
Litfulo® (ritlecitinib capsules)	Inhibition of JAK pathways	AA
Leqselvi® (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
Rinvoq® LQ (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
Sotyktu® (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
Zeposia® (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
Velsipity® (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.

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