

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

#### Notes:

- Quantity Limits: Yes
- ^Adequate trial is defined as the following:
  - Phototherapy – 8 weeks
  - Systemic non-biologics for psoriasis – 6 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 the entheses)

#### **Amjevita (adalimumab-atto): Formulary preferred**

**Initiation (new start) criteria:** Formulary **adalimumab-atto (Amjevita)** 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:
    - Methotrexate
    - Cyclosporine
    - Acitretin
2. 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%
    - Oral antibiotic
3. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
  - Patient has tried and failed/intolerant to as least 1 of the following:
    - Methotrexate
    - Hydroxychloroquine
    - Sulfasalazine
    - Leflunomide

kp.org

Revised: 06/12/25  
Effective: 08/21/25

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Adalimumab Biosimilars

4. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate\*\*
5. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
6. Prescriber is a rheumatologist and patient has a diagnosis of juvenile idiopathic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate
7. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
8. Prescriber is a uveitis specialist and patient has a diagnosis of iridocyclitis/uveitis

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Formulary **adalimumab-atto (Amjevita)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist, gastroenterologist, rheumatologist, or uveitis specialist

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

#### Hadlima (adalimumab-bwvd): Non-formulary preferred

**Initiation (new start) criteria:** Non-formulary **adalimumab-bwvd (Hadlima)** 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:
    - Methotrexate
    - Cyclosporine
    - Acitretin
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
2. 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
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
3. Prescriber is a rheumatologist, and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
  - Patient has tried and failed/intolerant to as least 1 of the following:
    - Methotrexate
    - Hydroxychloroquine
    - Sulfasalazine
    - Leflunomide
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

4. Prescriber is a dermatologist or rheumatologist, and patient has a diagnosis of psoriatic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate\*\*
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial^ of adalimumab-atto
5. Prescriber is a rheumatologist, and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial^ of adalimumab-atto
6. Prescriber is a rheumatologist, and patient has a diagnosis of juvenile idiopathic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial^ of adalimumab-atto
7. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial^ of adalimumab-atto
8. Prescriber is a uveitis specialist, and patient has a diagnosis of iridocyclitis/uveitis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial^ of adalimumab-atto

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **adalimumab-bwwd (Hadlima)** 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 has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber
2. Prescriber is a rheumatologist, and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, psoriatic arthritis, ankylosing spondylitis, or juvenile idiopathic arthritis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber
3. Prescriber is a gastroenterologist, and patient has a diagnosis of Crohn's disease or ulcerative colitis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber
4. Prescriber is a uveitis specialist, and patient has a diagnosis of iridocyclitis/uveitis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber

kp.org

Revised: 06/12/25  
Effective: 08/21/25

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

Adalimumab-aacf, adalimumab-aaty, adalimumab-adaz, adalimumab-adbm, adalimumab-afzb, adalimumab-aqvh, adalimumab-fkjp, adalimumab-ryvk: Non-formulary non-preferred

**Initiation (new start) criteria:** Non-Formulary adalimumab-aacf, adalimumab-aaty, adalimumab-adaz, adalimumab-adbm, adalimumab-afzb, adalimumab-aqvh, adalimumab-fkjp, or adalimumab-ryvk 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:
    - Methotrexate
    - Cyclosporine
    - Acitretin
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd
2. 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
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd

kp.org

Revised: 06/12/25  
Effective: 08/21/25

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

3. Prescriber is a rheumatologist, and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
  - Patient has tried and failed/intolerant to as least 1 of the following:
    - Methotrexate
    - Hydroxychloroquine
    - Sulfasalazine
    - Leflunomide
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd
4. Prescriber is a dermatologist or rheumatologist, and patient has a diagnosis of psoriatic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate\*\*
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd
5. Prescriber is a rheumatologist, and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
  - Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd
6. Prescriber is a rheumatologist, and patient has a diagnosis of juvenile idiopathic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate

kp.org

Revised: 06/12/25  
Effective: 08/21/25

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

- Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd
7. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn's disease or ulcerative colitis
- Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd
8. Prescriber is a uveitis specialist, and patient has a diagnosis of iridocyclitis/uveitis
- Patient has a documented allergic reaction to adalimumab-atto (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-atto
  - Patient has a documented allergic reaction to adalimumab-bwwd (does not include injection site reaction) **OR** patient has failed an adequate trial<sup>^</sup> of adalimumab-bwwd

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-Formulary **adalimumab-aacf, adalimumab-aaty, adalimumab-adaz, adalimumab-adbm, adalimumab-afzb, adalimumab-aqvh, adalimumab-fkjp, or adalimumab-ryvk** 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 has a documented allergic reaction to adalimumab-atto AND adalimumab-bwwd (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto AND adalimumab-bwwd and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber

kp.org

Revised: 06/12/25  
Effective: 08/21/25

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Adalimumab Biosimilars

2. Prescriber is a rheumatologist, and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, psoriatic arthritis, ankylosing spondylitis, or juvenile idiopathic arthritis
  - Patient has a documented allergic reaction to adalimumab-atto AND adalimumab-bwwd (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto AND adalimumab-bwwd and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber
  
3. Prescriber is a gastroenterologist, and patient has a diagnosis of Crohn's disease or ulcerative colitis
  - Patient has a documented allergic reaction to adalimumab-atto AND adalimumab-bwwd (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto AND adalimumab-bwwd and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber
  
4. Prescriber is a uveitis specialist, and patient has a diagnosis of iridocyclitis/uveitis
  - Patient has a documented allergic reaction to adalimumab-atto AND adalimumab-bwwd (does not include injection site reaction) **OR**
  - Patient has tried at least 3 months of adalimumab-atto AND adalimumab-bwwd and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber