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SPECIALTY GUIDELINE MANAGEMENT

STELARA (ustekinumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Moderate to severe plaque psoriasis (PsO)
2. Active psoriatic arthritis (PsA)
3. Moderately to severely active Crohn's disease (CD)
4. Moderately to severely active Ulcerative colitis (UC)

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL AND CONTINUATION OF THERAPY

For all indications:

- Prior Authorization Request is submitted by the Provider's office; AND
- Prior Authorization Request is not submitted by a pharmacy or another third party; AND
- Submission of the member's chart or medical record is required, documenting medical necessity based on the criteria corresponding to the applicable indication

III. CRITERIA FOR INITIAL APPROVAL

For all indications:

1. Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). *[Note: Members who have received Stelara or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.]*; AND
2. Member is free of any clinically important active infection, including clinically important localized infections; AND
3. Member will not receive live vaccines during therapy; AND
4. Physician has assessed baseline disease severity utilizing an objective measure/tool; AND

A. Moderate to severe plaque psoriasis (PsO)

Authorization of 6 months may be granted for treatment of moderate to severe plaque psoriasis in members who are 12 years of age or older when all of the following criteria are met:

1. Stelara is prescribed by, or in consultation with, a specialist in dermatology or rheumatology.

2. At least 10% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
3. Member meets either of the following criteria:
   a. Member has had an inadequate response to at least a 3-month trial of methotrexate, cyclosporine or acitretin, or experienced clinically significant adverse effects from methotrexate, cyclosporine or acitretin
   b. Member has had an inadequate response to at least a 3-month trial of phototherapy (e.g., UVB, PUVA), unless intolerance experienced
4. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of Otezla at maximum tolerated doses.
5. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of a TNF-alpha inhibitor (e.g., adalimumab, infliximab) at maximum tolerated doses.
6. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of an IL-23 inhibitor (e.g., Ilumya, Skyrizi, Tremfya) at maximum tolerated doses.
7. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of an IL-17 inhibitor (e.g., Cosentyx) at maximum tolerated doses.
8. Stelara will not be used concomitantly with any other biologic DMARD (e.g., adalimumab, infliximab) or targeted synthetic DMARD (e.g., apremilast, tofacitinib).
9. Dosing falls within the following FDA approved guidelines:
   a) Adult Subcutaneous Loading Dose:
      - <100 kg: 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later
      - >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later
   b) Pediatric Subcutaneous Loading Dose:
      - <60 kg: 0.75 mg/kg at weeks 0 & 4, then begin maintenance dosing 12 weeks later
      - 60 – 100 kg: 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later
      - >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later
   c) Pediatric Subcutaneous Maintenance Dose:
      - <60 kg: 0.75 mg/kg every 12 weeks
      - 60 – 100 kg: 45 mg every 12 weeks
      - >100 kg: 90 mg every 12 weeks

B. Active psoriatic arthritis (PsA)

Authorization of 6 months may be granted for treatment of active psoriatic arthritis in members who are 18 years of age or older when all of the following criteria are met:

1. Stelara is prescribed by, or in consultation with, a specialist in dermatology or rheumatology.
2. Documented moderate to severe active disease and member meets either of the following criteria:
   a. If member has predominantly axial disease or active enthesitis and/or dactylitis, member has experienced an inadequate response or intolerance to at least two non-steroidal anti-inflammatory drugs (NSAIDs), unless use is contraindicated

b. If member has peripheral arthritis, member has experienced an inadequate response to at least a 3-month trial of one oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine, unless intolerance experienced

3. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of Skyrizi at maximum tolerated doses.
4. Stelara will not be used concomitantly with any other biologic DMARD (e.g., adalimumab, infliximab) or targeted synthetic DMARD (e.g., apremilast, tofacitinib).
5. Dosing falls within the following FDA guidelines:
   a. Adult Subcutaneous Loading Dose:
      - 45mg at week 0 & 4, then begin maintenance dosing 12 weeks later
   b. Adult subcutaneous loading dose with co-existent moderate to severe plaque psoriasis weighing greater than 100 kg:
      - >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later

C. Moderately to severely active Crohn's disease (CD)

Authorization of 6 months may be granted for treatment of moderately to severely active CD in members who are 18 years of age or older when all of the following criteria are met:

1. Documented moderate to severe active disease; AND
2. Stelara will not be used concomitantly with any other biologic DMARD (e.g., adalimumab, infliximab) or targeted synthetic DMARD (e.g., apremilast, tofacitinib).
3. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate) at maximum tolerated doses.
4. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of a TNF-alpha inhibitor (e.g., adalimumab, infliximab) at maximum tolerated doses.
5. Member meets either of the following:
   i. Member has a documented failure, contraindication, or ineffective response to a minimum (3) month trial to Entyvio, OR
   ii. Member has a diagnosis of moderate to severe Luminizing Crohn's Disease defined as:
      i. Crohn disease activity level (CDAI) score of 220 or higher; AND
      ii. High risk adverse disease related complications including surgery, hospitalization, and disability based on a combination of structural damage, inflammatory burden, and impact of quality of life

D. Moderately to severely active ulcerative colitis (UC)

Authorization of 6 months may be granted for treatment of moderately to severely active UC in members who are 18 years of age or older when all of the following criteria are met:

1. Documented moderate to severe UC with all of the following characteristics:
   a. Patients deemed to be at high risk for colectomy
   b. Mayo Clinical Score 6-12, with Mayo Endoscopic Subscore 2 or 3
   c. Severely active endoscopic disease, with ulcers

i. Patients with corticosteroid dependence, or refractory to oral corticosteroids; AND

2. Stelara will not be used concomitantly with any other biologic DMARD (e.g., adalimumab, infliximab) or targeted synthetic DMARD (e.g., apremilast, tofacitinib).
3. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of one conventional therapy option (e.g., mesalamine, corticosteroids, 6-mercaptopurine, or azathioprine) at maximum tolerated doses.
4. Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of a TNF-alpha inhibitor (e.g., adalimumab, infliximab) at maximum tolerated doses.
5. Member is required to have a documented failure, contraindication, or ineffective response to a minimum (3) month trial to Entyvio, except if the patient has failed to respond to infliximab

CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all members (including new members) who are being treated with Stelara for a compendia-supported indication at a compendia-supported dose and dosing regimen, are tolerating treatment with Stelara, and have achieved or maintained positive clinical response after at least 4 months of therapy with Stelara as evidenced by low disease activity or improvement in signs and symptoms of the condition.

IV. OTHER

Induction:

Stelara for intravenous administration is FDA-approved for the treatment of Crohn's disease and ulcerative colitis and will only be authorized for these conditions as a single dose within the FDA guidelines.

- ≤ 55 kg: 260 mg
- > 55 kg to 85 kg: 390 mg
- > 85 kg: 520 mg

Maintenance:

The recommended subcutaneous maintenance dosage for Crohn's disease and ulcerative colitis is 90 mg administered 8 weeks after the initial intravenous dose.

Note: If requesting IV dose, this must be indicated on the request with the following information:

A. Where drug will be obtained - through pharmacy benefit (filled at specialty pharmacy) or through medical benefit ('buy and bill')

B. Servicing provider name and NPI for Stelara administration if requesting through medical benefit

V. QUANTITY LIMIT

1. Stelara 45 mg dose - 1 injection per 12 weeks, post-limit for loading dose of 2 injections per 35 days
2. Stelara 90 mg dose - 1 injection per 8 weeks, post-limit for loading dose of 2 injections per 35 days

VI. REFERENCES

1. Stelara [package insert]. Horsham, PA: Janssen Biotech, Inc.; June 2018.
2. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. *J Am Acad Dermatol.* 2011;65(1):137-174.
3. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update. *Ann Rheum Dis.* 2016;75(3):499-510.
4. Gladman DD, Antoni C, P Mease, et al. Psoriatic arthritis: epidemiology, clinical features, course, and outcome. *Ann Rheum Dis* 2005;64(Suppl II):ii14–ii17.
5. Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. *Am J Gastroenterol.* 2011;106(Suppl 1):S2-S25.
6. Lichtenstein GR, Loftus Jr EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. 2018;113:481-517.