

## Stelara® (ustekinumab) (Intravenous)

Effective Date: 01/01/2020

Review Date: 11/20/2019, 12/20/2019, 1/22/20, 10/14/2021, 01/27/2022, 1/26/2023, 8/10/23, 12/07/2023, 01/04/2024, 02/14/2014

Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

### I. Length of Authorization

#### Crohn's Disease and Ulcerative Colitis:

Coverage will be provided once (one time dose) for 2 months

\*\* For members that meet criteria, Stelara 90 mg (subcutaneous dose) will be approved for every 8 weeks thereafter for 4 months for Medicaid and Commercial ONLY\*\*

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

##### Subcutaneous

- Stelara 45 mg vial/prefilled syringe:
  - Loading: 1 syringe at weeks 0 & 4
  - Maintenance: 1 syringe every 12 weeks
- Stelara 90 mg prefilled syringe:
  - Loading: 1 syringe at weeks 0 & 4
  - Maintenance: 1 syringe every 8 weeks

##### Intravenous

- Stelara 130 mg (5 mg/mL) single-dose vial: 4 vials

#### B. Max Units (per dose and over time) [HCPCS Unit]:

Indication	Max Units
Plaque Psoriasis & Psoriatic Arthritis with co-existent moderate-severe Plaque Psoriasis	<u>Subcutaneous Loading (J3357)*:</u> <ul style="list-style-type: none"> <li>• 90 billable units at weeks 0 &amp; 4; maintenance dosing 12 weeks later</li> </ul> <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> <li>• 90 billable units every 12 weeks</li> </ul>
Psoriatic Arthritis	<u>Subcutaneous Loading (J3357)*:</u> <ul style="list-style-type: none"> <li>• 45 billable units at weeks 0 &amp; 4; maintenance dosing 12 weeks later</li> </ul> <u>Subcutaneous Maintenance (J3357):</u>

Indication	Max Units
	<ul style="list-style-type: none"> <li>45 billable units every 12 weeks</li> </ul>
Crohn's Disease & Ulcerative Colitis	<u>Intravenous Induction (J3358)*:</u>
	<ul style="list-style-type: none"> <li>520 billable units</li> </ul> <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> <li>90 billable units 8 weeks after induction &amp; every 8 weeks thereafter</li> </ul>

### III. Summary of Evidence

Clinical trials evaluating the efficacy and safety of Stelara in the treatment of moderate to severe plaque psoriasis, psoriatic arthritis, and Crohn's disease have demonstrated significant improvement in disease activity, as evidenced by reduced Psoriasis Area and Severity Index (PASI) scores, improved joint symptoms and function, and induction and maintenance of clinical remission in Crohn's disease. Stelara works by inhibiting interleukin (IL)-12 and IL-23 cytokines, which play key roles in the pathogenesis of these conditions.

### IV. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

- Patient is at least 18 years of age (unless otherwise specified); **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Patient is up to date with all vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**
- Patient has been evaluated and screened for the presence of latent (tuberculosis) TB infection prior to initiating treatment and will receive ongoing monitoring for presence of TB during treatment; **AND**
- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient will not receive live vaccines during therapy; **AND**
- Patient is not on concurrent treatment with an injectable biologic response modifier including TNF-inhibitors (e.g., Humira (adalimumab), Enbrel (etanercept), Remicade (infliximab), Simponi (golimumab), etc.) and IL-inhibitors (e.g., Cosentyx (secukinumab), Tremfya (guselkumab), Ilumya (tildrakizumab), Skyrizi (risankizumab), Bimzelx (bimekizumab), Omvoh (mirikizumab), etc.) or other oral non-biologic agent (e.g., Otezla (apremilast), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Velsipity (etrasimod), etc.)

#### **Crohn's Disease †** <sup>1,10-12,14,18,24</sup>

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; **AND**
- Documented moderate to severe active disease; **AND**

- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate); **AND**
- Patient is required to have a documented failure, contraindication, or ineffective response to a minimum (3) month trial to Entyvio, except if the patient has a diagnosis of:
  - Moderate to severe Luminizing Crohn’s Disease
    - Moderate to severe Luminizing Crohn’s Disease defined as:
      - Crohn’s disease activity level (CDAI) score of 220 or higher
      - 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; **AND**
- For Commercial and MMP members **ONLY**, they must have a documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of a adalimumab; **OR**
- For Medicaid members **ONLY**, they must meet all of the following:
  - Member has an inadequate response, intolerance or contraindication to at least a 3-month trial of adalimumab at maximum tolerated doses.
  - Member has had an inadequate response, intolerance or contraindication to at least a 3-month trial of Skyrizi at maximum tolerated doses.

#### Ulcerative Colitis † 1,13,19-23,29

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; **AND**
- Documented moderate to severe active UC with all of the following characteristics:
  - Patients deemed to be at high risk for colectomy
  - Mayo Clinical Score 6-12, with Mayo Endoscopic Subscore 2 or 3
  - Severely active endoscopic disease, with ulcers
    - Patients with corticosteroid dependence, or refractory to oral corticosteroids; **AND**
- Patient is required to have a documented inadequate response, intolerance, or contraindication to a minimum (3) month trial to Entyvio, except if the patient has a diagnosis of:
  - Moderate to severe Ulcerative Colitis who failed to respond to infliximab
    - Moderate to severe UC is defined as:
      - Patients deemed to be at high risk for colectomy
      - Mayo Clinical Score 6-12, with Mayo Endoscopic Subscore 2 or 3
      - Severely active endoscopic disease, with ulcers
      - Patients with corticosteroid dependence, or refractory to oral corticosteroids; **AND**

- 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; **AND**
- Member must have a documented inadequate response, intolerance or contraindication at maximum tolerated doses to a minimum (3) month trial of adalimumab

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

## V. Dosage/Administration

Indication	Dose
Crohn's Disease & Ulcerative Colitis	<u>Intravenous Induction Dose (one-time only)*:</u>
	<ul style="list-style-type: none"> <li>• ≤ 55 kg: 260 mg</li> <li>• &gt; 55 kg to 85 kg: 390 mg</li> <li>• &gt; 85 kg: 520 mg</li> </ul>
	<u>Subcutaneous Maintenance Dose:</u>
	<ul style="list-style-type: none"> <li>• 90 mg given 8 weeks after the initial IV dose, then every 8 weeks thereafter</li> </ul>
*One loading dose per lifetime	

## VI. Billing Code/Availability Information

### HCPCS Code:

- J3357 – Ustekinumab, for subcutaneous injection, 1 mg; 1 billable unit = 1 mg
- J3358 – Ustekinumab, for intravenous injection, 1 mg; 1 billable unit = 1 mg

### NDC:

- Subcutaneous
  - Stelara 45 mg single-dose vial (SDV) and prefilled (PF) syringe: 57894-0060-xx
  - Stelara 90 mg prefilled (PF) syringe: 57894-0061-xx
- Intravenous
  - Stelara 130 mg (5 mg/mL) single-dose vial (SDV): 57894-0054-xx

## VII. References

1. Stelara [package insert]. Horsham, PA; Janssen Biotech, Inc; September 2022. Accessed February 2024.
2. Leonardi CL, Kimball AB, Papp KA, et al, “Efficacy and Safety of Ustekinumab, a Human Interleukin-12/23 Monoclonal Antibody, in Patients With Psoriasis: 76-Week Results from a Randomised, Double-Blind, Placebo-Controlled Trial (PHOENIX 1),” *Lancet*, 2008, 371(9625): 1665-74.
3. Papp KA, Langley RG, Lebwohl M, et al, “Efficacy and Safety of Ustekinumab, a Human Interleukin-12/23 Monoclonal Antibody, in Patients With Psoriasis: 52-Week Results from a Randomised, Double-Blind, Placebo-Controlled Trial (PHOENIX 2),” *Lancet*, 2008, 371(9625): 1675-84.

4. Hsu S, Papp KA, Lebwohl MG, et al. Consensus guidelines for the management of plaque psoriasis. *Arch Dermatol*. 2012 Jan;148(1):95-102.
5. Papp KA, Griffiths CE, Gordon K, et al. Long-term safety of ustekinumab in patients with moderate-to-severe psoriasis: final results from 5 years of follow-up. *Br J Dermatol*. 2013 Apr;168(4):844-54.
6. Menter A, Gottlieb A, Feldman SR, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2008 May;58(5):826-50. doi: 10.1016/j.jaad.2008.02.039.
7. Gottlieb A, Korman NJ, Gordon KB, Feldman SR, Lebwohl M, Koo JY, Van Voorhees AS, Elmets CA, Leonardi CL, Beutner KR, Bhushan R, Menter A. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 2. Psoriatic arthritis: overview and guidelines of care for treatment with an emphasis on the biologics. *J Am Acad Dermatol* 2008 May;58(5):851-64.
8. 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*. 2015 Dec 7. pii: annrheumdis-2015-208337. doi: 10.1136/annrheumdis-2015-208337.
9. Sing JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. *Arthritis Care Res*, 71: 2-29. doi:10.1002/acr.23789.
10. Lichtenstein GR, Hanauer SB, Sandborn WJ, Practice Parameters Committee of American College of Gastroenterology. Management of Crohn's disease in adults. *Am J Gastroenterol*. 2009;104(2):465.
11. Terdiman JP, Gruss CB, Heidelbaugh JJ, et al. American Gastroenterological Association Institute guideline on the use of thiopurines, methotrexate, and anti-TNF- $\alpha$  biologic drugs for the induction and maintenance of remission in inflammatory Crohn's disease. *Gastroenterology*. 2013 Dec;145(6):1459-63. doi: 10.1053/j.gastro.2013.10.047.
12. Gomollón F, Dignass A, Annesse V, et al. EUROPEAN Evidence-based consensus on the diagnosis and management of Crohn's disease 2016: Part 1: Diagnosis and medical management. *J Crohns Colitis*. 2016 Sep 22. pii: jjw168.
13. Harbord M, Eliakim R, Bettenworth D, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: Current Management. *J Crohns Colitis*. 2017 Jan 28. doi: 10.1093/ecco-jcc/jjx009.
14. National Institute for Health and Care Excellence. NICE 2012. Crohn's Disease: Management. Published 10 October 2012. Clinical Guideline [CG152]. <https://www.nice.org.uk/guidance/cg152/resources/crohns-disease-management-pdf-35109627942085>.
15. National Institute for Health and Care Excellence. NICE 2017. Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs. Published 24 May 2017. Technology Appraisal Guidance [TA445]. <https://www.nice.org.uk/guidance/TA445/chapter/1-Recommendations>. Accessed August 2017.
16. National Institute for Health and Care Excellence. NICE 2008. Infliximab for the treatment of adults with psoriasis. Published 23 January 2008. Technology Appraisal Guidance [TA134]. <https://www.nice.org.uk/guidance/ta134/resources/infliximab-for-the-treatment-of-adults-with-psoriasis-pdf-82598193811141>.

17. Smith CH, Jabbar-Lopez ZK, Yiu ZK, et al. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2017. *Br J Dermatol.* 2017 Sep;177(3):628-636. doi: 10.1111/bjd.15665.
18. Lichtenstein GR, Loftus EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol* 2018; 113:481–517; doi: 10.1038/ajg.2018.27
19. Sands BE, Sandborn WJ, Panaccione R, et al. UNIFI Study Group. Ustekinumab as Induction and Maintenance Therapy for Ulcerative Colitis. *N Engl J Med.* 2019 Sep 26;381(13):1201-1214. doi: 10.1056/NEJMoa1900750.
20. Lewis JD, Chuai S, Nessel L, et al. Use of the Non-invasive Components of the Mayo Score to Assess Clinical Response in Ulcerative Colitis. *Inflamm Bowel Dis.* 2008 Dec; 14(12): 1660–1666. doi: 10.1002/ibd.20520
21. Paine ER. Colonoscopic evaluation in ulcerative colitis. *Gastroenterol Rep (Oxf).* 2014 Aug; 2(3): 161–168.
22. Walsh AJ, Bryant RV, Travis SPL. Current best practice for disease activity assessment in IBD. *Nature Reviews Gastroenterology & Hepatology* 13, 567–579 (2016) doi:10.1038/nrgastro.2016.128
23. Kornbluth, A, Sachar, DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. *Am J Gastroenterol.* 2010 Mar;105(3):501-23.
24. Feagan BG, Sandborn WJ, Gasink C, UNITI–IM–UNITI Study Group et al. Ustekinumab as Induction and Maintenance Therapy for Crohn's Disease. *N Engl J Med.* 2016 Nov 17;375(20):1946-1960. doi: 10.1056/NEJMoa1602773.
25. Leonardi CL, Kimball AB, Papp KA, PHOENIX 1 study investigators. Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 76-week results from a randomised, double-blind, placebo-controlled trial (PHOENIX 1). *Lancet.* 2008;371(9625):1665.
26. Papp KA, Langley RG, Lebwohl M, PHOENIX 2 study investigators. Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 52-week results from a randomised, double-blind, placebo-controlled trial (PHOENIX 2). *Lancet.* 2008;371(9625):1675.
27. Landells I, Marano C, Hsu MC, et al. Ustekinumab in adolescent patients age 12 to 17 years with moderate-to-severe plaque psoriasis: results of the randomized phase 3 CADMUS study. *J Am Acad Dermatol.* 2015;73(4):594.
28. McInnes IB, Kavanaugh A, Gottlieb AB, PSUMMIT 1 Study Group. Efficacy and safety of ustekinumab in patients with active psoriatic arthritis: 1 year results of the phase 3, multicentre, double-blind, placebo-controlled PSUMMIT 1 trial. *Lancet.* 2013;382(9894):780. Epub 2013 Jun 13.
29. Ritchlin C, Rahman P, Kavanaugh A, PSUMMIT 2 Study Group. Efficacy and safety of the anti-IL-12/23 p40 monoclonal antibody, ustekinumab, in patients with active psoriatic arthritis despite conventional non-biological and biological anti-tumour necrosis factor therapy: 6-month and 1-year results of the phase 3, multicentre, double-blind, placebo-controlled, randomised PSUMMIT 2 trial. *Ann Rheum Dis.* 2014;73(6):990. Epub 2014 Jan 30.
30. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol.* 2019 Feb 13. pii: S0190-9622(18)33001-9. <https://doi.org/10.1016/j.jaad.2018.11.057>.
31. Richard EG. (2019). Psoralen plus ultraviolet A (PUVA) photochemotherapy. In Elmets CA, Corona R (Eds.), *UptoDate*. Available from [https://www.uptodate.com/contents/psoralen-plus-ultraviolet-a-puva-photochemotherapy?sectionName=Skin%20cancer&search=psoriasis%20phototherapy&topicRef=5666&anchor=H31513976&source=see\\_link#H2099103](https://www.uptodate.com/contents/psoralen-plus-ultraviolet-a-puva-photochemotherapy?sectionName=Skin%20cancer&search=psoriasis%20phototherapy&topicRef=5666&anchor=H31513976&source=see_link#H2099103).

32. Honigsman H. (2018). UVB therapy (broadband and narrowband). In Elmets CA, Corona R (Eds.), *UptoDate*. Available from [https://www.uptodate.com/contents/uvb-therapy-broadband-and-narrowband?sectionName=SHORT-%20AND%20LONG-TERM%20ADVERSE%20EFFECTS&search=psoriasis%20phototherapy&topicRef=5666&anchor=H10844620&source=see\\_link#H10844627](https://www.uptodate.com/contents/uvb-therapy-broadband-and-narrowband?sectionName=SHORT-%20AND%20LONG-TERM%20ADVERSE%20EFFECTS&search=psoriasis%20phototherapy&topicRef=5666&anchor=H10844620&source=see_link#H10844627).
33. Gossec L, Baraliakos X, Kerschbaumer A, et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. *Ann Rheum Dis*. 2020 Jun;79(6):700-712. doi: 10.1136/annrheumdis-2020-217159
34. National Institute for Health and Care Excellence. NICE 2019. Crohn's Disease: Management. Published 03 May 2019. Clinical Guideline [NG129]. <https://www.nice.org.uk/guidance/ng129/resources/crohns-disease-management-pdf-66141667282885>

## Appendix 1 – Covered Diagnosis Codes

### Subcutaneous (J3357)

ICD-10	ICD-10 Description
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess

ICD-10	ICD-10 Description
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding



ICD-10	ICD-10 Description
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis
L40.0	Psoriasis vulgaris
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.59	Other psoriatic arthropathy
R19.7	Diarrhea, unspecified

### Intravenous (J3358)

ICD-10	ICD-10 Description
K50.00	Crohn's disease of small intestine without complications

ICD-10	ICD-10 Description
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess

ICD-10	ICD-10 Description
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding

ICD-10	ICD-10 Description
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis
R19.7	Diarrhea, unspecified

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

**Policy Rationale:**

Stelara was reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use Stelara according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature. Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more cost-effective options are used first, if applicable and appropriate. For INTEGRITY (Medicare-Medicaid Plan) members, these coverage criteria will only apply in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria. Neighborhood will give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.