

Stelara® (ustekinumab)

When requesting Stelara® (ustekinumab), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indications

Stelara is indicated for the treatment of patients 12 years or older with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

Stelara is indicated for the treatment of adult patients with active psoriatic arthritis.

Stelara is indicated for the treatment of adult patients with moderately to severely active Crohn's disease.

Stelara is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis.

Coverage Guidelines

Crohn's Disease

For an initial authorization:

The individual must meet following criteria for approval:

- Has tried one other systemic agent for Crohn's disease (e.g., certolizumab pegol, vedolizumab, adalimumab, infliximab, azathioprine, 6-mercaptopurine, methotrexate) OR
- Has tried or is currently taking corticosteroids OR
- Is contraindicated to corticosteroids AND
- Is 18 years of age or older AND
- Stelara is prescribed by or in consultation with a gastroenterologist

Ulcerative Colitis

For an initial authorization:

The individual must meet following criteria for approval:

- Has tried one other systemic agent for ulcerative colitis (e.g., vedolizumab, adalimumab, golimumab, infliximab, azathioprine, 6-mercaptopurine, corticosteroid) AND
- Is 18 years of age or older AND
- Stelara is prescribed by or in consultation with a gastroenterologist

Plaque psoriasis

For an initial authorization:

The individual must meet following criteria for approval:

- Had a 3-month trial of unless intolerant to at least one systemic agent for psoriasis (e.g., adalimumab, etanercept, infliximab, tildrakizumab-asmn, methotrexate, cyclosporine, acitretin, or psoralen plus ultraviolet A light [PUVA]) OR
- Is contraindicated to methotrexate AND
- Is 12 years of age or older AND
- Stelara is prescribed by or in consultation with a dermatologist

Psoriatic arthritis

For an initial authorization:

- Stelara is prescribed by or in consultation with a rheumatologist or a dermatologist

Re-authorization (all indications)

- Has had a response to Stelara therapy

Approval duration (initial): 3 months

Approval duration (renewal): 12 months

Dosing Recommendations

Crohn's Disease and Ulcerative Colitis

Intravenous induction dosage regimen (a single intravenous infusion)

- For patients weighing 55 kg or less, the recommended dose is 260 mg
- For patients weighing 56 kg to 85 kg, the recommended dose is 390 mg
- For patients weighing more than 85 kg, the recommended dose is 520 mg

Subcutaneous maintenance dosage regimen

- The recommended dose is 90 mg administered 8 weeks after the initial intravenous dose, then every 8 weeks

Psoriasis

Subcutaneous adult dosage regimen

- For patients weighing 100 kg or less, the recommended dose is 45 mg administered at weeks 0 and 4, then every 12 weeks
- For patients weighing more than 100 kg, the recommended dose is 90 mg administered at weeks 0 and 4, then every 12 weeks

Subcutaneous adolescent dosage regimen

- For patients weighing less than 60 kg, the recommended dose is 0.75 mg/kg administered at weeks 0 and 4, then every 12 weeks
- For patients weighing 60 kg to 100 kg, the recommended dose is 45 mg administered at weeks 0 and 4, then every 12 weeks
- For patients weighing more than 100 kg, the recommend dose is 90 mg administered at weeks 0 and 4, then every 12 weeks

Psoriatic arthritis

Subcutaneous dosage regimen

- The recommended dose is 45 mg administered at weeks 0 and 4, then every 12 weeks
- For patients with co-existent moderate-to-severe plaque psoriasis weighing more than 100 kg, the recommended dose is 90 mg administered at weeks 0 and 4, then every 12 weeks

References

1. Stelara [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; October 2019.
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. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol*. 2019;114(3):384-413.
4. 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.
5. 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;80(4):1029-1072.
6. Singh 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 (Hoboken)*. 2019;71(1):2-29.