



## Prior Authorization Criteria

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### **STELARA® (ustekinumab) PA CRITERIA:**

STELARA® (ustekinumab) is a human interleukin-12 and -23 antagonist indicated for the treatment of:

- Moderate to severe plaque psoriasis in adult and pediatric patients 6 years of age and older who are candidates for phototherapy or systemic therapy.
- Active psoriatic arthritis in adults and pediatric patients 6 years of age and older.
- Moderately to severely active Crohn's disease in adult and pediatric patients 2 years of age and older.
- Moderately to severely active ulcerative colitis in adult patients.

Prior authorization is required for STELARA® (ustekinumab). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

### **Initial Authorization: 1 Year**

1. The patient must meet the minimum age and weight requirements recommended by the package insert for the FDA approved indication; **AND**
2. The patient has a diagnosis of FDA approved indication; **AND**
3. The patient has a documented clinical justification from the prescriber on why all preferred biosimilars of ustekinumab must not be utilized; **AND**
4. Prescribed dose does not exceed the manufacturer's recommended dose based on the patient's age, weight and diagnosis.



**Re-Authorization: 1 Year**

1. The patient has a documented clinical justification from the prescriber on why the member could not be switched to any preferred biosimilars of ustekinumab. Note: A statement indicating that the patient is currently stabilized on brand STELARA® is not, on its own, considered an adequate clinical justification; **AND**
2. Patient continues to meet initial authorization criteria; **AND**
3. Prescribed dose does not exceed manufacturer's recommended dose based on the patient's age, weight, and diagnosis; **AND**
4. Documentation of positive clinical response to therapy.

**STELARA® (ustekinumab) Dosing:**

- Refer to manufacturer's prescribing information.

**Formulation:**

- STELARA® is available as 130mg/26mL single-dose vial for intravenous infusion, 45mg/0.5mL single-dose vial for subcutaneous injection, and 45mg/0.5mL or 90mg/1mL single-dose prefilled syringes for subcutaneous injection.