

Stelara® (ustekinumab) (Intravenous/Subcutaneous)

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I. Length of Authorization

Crohn’s Disease and Ulcerative Colitis:

Coverage will be provided for 8 weeks initially and may be renewed in 6 month intervals thereafter.

Immune Checkpoint Inhibitor Related Diarrhea/Colitis:

Coverage will be provided for 4 doses total and may not be renewed.

All other indications:

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

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

<p><u>Subcutaneous</u></p> <ul style="list-style-type: none"> • Stelara 45 mg vial/prefilled syringe: <ul style="list-style-type: none"> ○ Loading: 1 syringe at weeks 0 & 4 ○ Maintenance: 1 syringe every 12 weeks • Stelara 90 mg prefilled syringe: <ul style="list-style-type: none"> ○ Loading: 1 syringe at weeks 0 & 4 ○ Maintenance: 1 syringe every 8 weeks
<p><u>Intravenous</u></p> <ul style="list-style-type: none"> • 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	<p><u>Subcutaneous Loading (J3357):</u></p> <ul style="list-style-type: none"> • 90 billable units at weeks 0 & 4; maintenance dosing 12 weeks later <p><u>Subcutaneous Maintenance (J3357):</u></p> <ul style="list-style-type: none"> • 90 billable units every 12 weeks

Indication	Max Units
Psoriatic Arthritis	<u>Subcutaneous Loading (J3357):</u> <ul style="list-style-type: none"> 45 billable units at weeks 0 & 4; maintenance dosing 12 weeks later <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> 45 billable units every 12 weeks
Crohn's Disease & Ulcerative Colitis	<u>Intravenous Induction (J3358):</u> <ul style="list-style-type: none"> 520 billable units <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> 90 billable units 8 weeks after induction & every 8 weeks thereafter
Immune Checkpoint Inhibitor Related Diarrhea/Colitis	<u>Intravenous Induction (J3358):</u> <ul style="list-style-type: none"> 520 billable units <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> 90 billable units 8 weeks after induction & every 8 weeks thereafter <i>(Note: 1 induction dose plus up to 3 maintenance doses)</i>

III. Initial Approval Criteria ¹

- The use of samples and free goods do not qualify as an established clinical response.**

Coverage is provided in the following conditions:

- 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 age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**

Universal Criteria ¹

- 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 a TNF-inhibitor, biologic response modifier or other non-biologic agent (i.e., apremilast, tofacitinib, baricitinib, upadacitinib, etc.); **AND**

Adult Plaque Psoriasis (PsO) † ^{1,30,45-48}

- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
 - Involvement of at least 3% of body surface area (BSA); **OR**
 - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**

- Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- Patient did not respond adequately (or is not a candidate) to a 4 week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or vitamin D analogues); **AND**
 - Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **OR**
 - Patient did not respond adequately (or is not a candidate*) to a 3 month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol)

Pediatric Plaque Psoriasis (PsO) † 1,30,45-49

- Patient is at least 6 years of age; **AND**
- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
 - Involvement of at least 3% of body surface area (BSA); **OR**
 - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
 - Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- Patient did not respond adequately (or is not a candidate) to a 4 week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or vitamin D analogues); **AND**
- Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **AND**
- Patient did not respond adequately (or is not a candidate*) to a 3 month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol)

Adult Psoriatic Arthritis (PsA) † 1,9,33,50

- Documented moderate to severe active disease; **AND**
 - For patients with predominantly axial disease OR active enthesitis, a trial and failure of at least a 4 week trial of ONE (1) non-steroidal anti-inflammatory agent (NSAID), unless use is contraindicated; **OR**
 - For patients with peripheral arthritis or dactylitis, a trial and failure of at least a 3 month trial of ONE (1) oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, hydroxychloroquine, etc.

Juvenile Psoriatic Arthritis (PsA) †^{1,51,52}

- Patient is at least 6 years of age; **AND**
- Documented moderate to severe active polyarticular disease; **AND**
- May be used as a single agent or in combination with methotrexate; **AND**
- Patient has had at least a 1-month trial and failure (unless contraindicated or intolerant) of previous therapy with either oral non-steroidal anti-inflammatory drugs (NSAIDs) **OR** an oral disease-modifying anti-rheumatic agent (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, etc.)

Crohn's Disease †^{1,10-12,14,18,24}

- Documented moderate to severely 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**
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of a TNF modifier (e.g., adalimumab, certolizumab, or infliximab)

Ulcerative Colitis †^{1,13,19-23,29}

- 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); **OR**
 - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of a TNF modifier (e.g., adalimumab, golimumab, or infliximab)

Management of Immune Checkpoint Inhibitor-Related Diarrhea/Colitis †^{35,36}

- Patient has been receiving therapy with an immune checkpoint inhibitor (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, cemiplimab, etc.); **AND**
 - Patient has mild (grade 1) diarrhea or colitis with persistent or progressive symptoms and is lactoferrin/calprotectin positive; **OR**
 - Patient has moderate (grade 2) to severe (grade 3-4) diarrhea or colitis related to their immunotherapy and is refractory to infliximab and/or vedolizumab

*Examples of contraindications to phototherapy (PUVA or UVB) include the following:^{31,32,49}

- Xeroderma pigmentosum
- Pregnancy or lactation (*PUVA only*)
- Lupus Erythematosus
- History of one of the following: photosensitivity diseases (e.g., chronic actinic dermatitis, solar urticaria), melanoma, non-melanoma skin cancer, extensive solar damage (*PUVA only*), treatment with arsenic or ionizing radiation
- Immunosuppression in an organ transplant patient (*UVB only*)

- | |
|---|
| <ul style="list-style-type: none">- Photosensitizing medications (<i>PUVA only</i>)- Severe liver, renal, or cardiac disease (<i>PUVA only</i>)- Young age < 12 years old (<i>PUVA only</i>) |
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† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria ¹

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious infections, malignancy, severe hypersensitivity reactions, posterior reversible encephalopathy syndrome (PRES) or reversible posterior leukoencephalopathy syndrome (RPLS), non-infectious pneumonia, etc.; **AND**

Adult Plaque Psoriasis (PsO) ^{45,53}

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement $\leq 1\%$), and/or an improvement on a disease activity scoring tool [e.g., a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and ≥ 4 -point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started].

Pediatric Plaque Psoriasis (PsO) ^{49,53}

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement $\leq 1\%$), and/or an improvement on a disease activity scoring tool [e.g. a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and ≥ 4 -point reduction in the children's Dermatology Life Quality Index (cDLQI) from when treatment started.]

Adult Psoriatic Arthritis (PsA) ^{15,54}

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g., defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria].

Juvenile Psoriatic Arthritis (PsA) ^{55,56}

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of patient global assessment, and/or an improvement on a disease activity

scoring tool [e.g. an improvement on a composite scoring index such as Juvenile Arthritis Disease Activity Score (JADAS) or the American College of Rheumatology (ACR) Pediatric (ACR-Pedi 30) of at least 30% improvement from baseline in three of six variables].

Crohn’s Disease ¹³

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra intestinal complications, use of anti-diarrheal drugs, tapering or discontinuation of corticosteroid therapy, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Crohn’s Disease Activity Index (CDAI) score or the Harvey-Bradshaw Index score].

Ulcerative Colitis ¹⁹⁻²³

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, tapering or discontinuation of corticosteroid therapy, normalization of C-reactive protein (CRP) or fecal calprotectin (FC), and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Ulcerative Colitis Endoscopic Index of Severity (UCEIS) score or the Mayo Score].

Management of Immune Checkpoint Inhibitor-Related Diarrhea/Colitis ‡

- May not be renewed

V. Dosage/Administration

Indication	Dose
Plaque Psoriasis	<u>Adult Subcutaneous Loading Dose:</u>
	<ul style="list-style-type: none"> • ≤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
	<u>Adult Subcutaneous Maintenance Dose:</u>
	<ul style="list-style-type: none"> • ≤100 kg: 45 mg every 12 weeks • >100 kg: 90 mg every 12 weeks
	<u>Pediatric Subcutaneous Loading Dose:</u>
	<ul style="list-style-type: none"> • <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
	<u>Pediatric Subcutaneous Maintenance Dose:</u>
	<ul style="list-style-type: none"> • <60 kg: 0.75 mg/kg every 12 weeks • 60 – 100 kg: 45 mg every 12 weeks • >100 kg: 90 mg every 12 weeks

Indication	Dose
Psoriatic Arthritis	<p><u>Adult Subcutaneous Loading Dose:</u></p> <ul style="list-style-type: none"> 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later <p><u>Adult Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> 45 mg every 12 weeks Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg every 12 weeks <hr/> <p><u>Pediatric Subcutaneous Loading Dose:</u></p> <ul style="list-style-type: none"> <60 kg: 0.75 mg/kg at weeks 0 & 4, then begin maintenance dosing 12 weeks later ≥60 kg: 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later <p><u>Pediatric Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> <60 kg: 0.75 mg/kg every 12 weeks ≥60 kg: 45 mg every 12 weeks Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg every 12 weeks
Crohn's Disease & Ulcerative Colitis/ Immune Checkpoint Inhibitor-Related Diarrhea/Colitis	<p><u>Intravenous Induction Dose (one-time only):</u></p> <ul style="list-style-type: none"> ≤ 55 kg: 260 mg > 55 kg to 85 kg: 390 mg > 85 kg: 520 mg <p><u>Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> 90 mg given 8 weeks after the initial IV dose, then every 8 weeks thereafter <p><i>(Note Immune Checkpoint Inhibitor Related Toxicity: 1 induction dose plus up to 3 maintenance doses only)</i></p>
	<ul style="list-style-type: none"> Crohn's Disease & Ulcerative Colitis dose escalation³⁷⁻⁴⁴ (up to the maximum dose and frequency specified below) may occur upon clinical review on a case-by-case basis provided that the patient has: <ul style="list-style-type: none"> Shown an initial response to therapy; AND Received the initial intravenous loading dose as specified above; AND Received a minimum of one subcutaneous maintenance dose as specified above; AND Responded to therapy (by treatment week 16*) with subsequent loss of response; AND Dose escalation must not exceed the following limits: <ul style="list-style-type: none"> 90 mg every 4 weeks (certain patients may benefit from a smaller reduction in interval if they become symptomatic 5, 6, or 7 weeks after the prior administration) <ul style="list-style-type: none"> Coverage will be provided for 3 months with continued approval (as specified in Sections I & IV) contingent upon demonstration of clinical improvement and ustekinumab levels (if available)** <ul style="list-style-type: none"> Patients who do not regain response at a 4-week interval should discontinue therapy Patients who are responding to therapy may continue with their current dosing**
*Note:	

Indication	Dose
<ul style="list-style-type: none"> Request for dose escalation prior to week 16 will be evaluated considering the patient’s clinical picture regarding severity of inflammation, factors which may result in subtherapeutic response to standard dosing (e.g., hypoalbuminemia, prior TNF-I failure), timing of response and breakthrough/loss of response, presence of perianal fistula; AND ustekinumab trough (if available)** is <4.5 micrograms/mL 	
<p>**ustekinumab trough levels must be obtained (if this is a covered test under the benefit).</p> <ul style="list-style-type: none"> Patients who are well-controlled with a trough >4.5 micrograms/mL may be candidates to increase the interval between administrations from 4 weeks to 6 weeks. Response should be assessed after 3 months at this every 6-week interval. Those patients demonstrating loss of response may decrease the interval back to 90 mg every 4 weeks. Patients whose trough is <4.5 micrograms/mL are candidates to decrease the interval between administrations from 8 weeks to as frequently as 4 weeks. Some patients may benefit from one additional IV loading dose in conjunction with this more frequent maintenance dosing interval. 	

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

- Stelara [package insert]. Horsham, PA; Janssen Biotech, Inc; July 2022. Accessed August 2022.
- 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.
- 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.
- 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, et al. 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. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. *Arthritis Rheumatol*. 2019 Jan;71(1):5-32. Doi: 10.1002/art.40726.
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- α 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>. Accessed August 2022.
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. (2021). Psoralen plus ultraviolet A (PUVA) photochemotherapy. In Elmets CA, Corona R (Eds.), *UptoDate*. Last updated: June 28, 2021. Accessed on: August 2, 2022. Available from [https://www.uptodate.com/contents/psoralen-plus-ultraviolet-a-puva-photochemotherapy?search=Psoralen%20plus%20ultraviolet%20A%20\(PUVA\)%20photochemotherapy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1](https://www.uptodate.com/contents/psoralen-plus-ultraviolet-a-puva-photochemotherapy?search=Psoralen%20plus%20ultraviolet%20A%20(PUVA)%20photochemotherapy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1).
32. Honigsman H. (2020). UVB therapy (broadband and narrowband). In Elmets CA, Corona R (Eds.), *UptoDate*. Last updated: August 19, 2020; Accessed on August 2, 2022. Available from [https://www.uptodate.com/contents/uvb-therapy-broadband-and-narrowband?search=UVB%20therapy%20\(broadband%20and%20narrowband&source=search_result&selectedTitle=1~80&usage_type=default&display_rank=1](https://www.uptodate.com/contents/uvb-therapy-broadband-and-narrowband?search=UVB%20therapy%20(broadband%20and%20narrowband&source=search_result&selectedTitle=1~80&usage_type=default&display_rank=1).
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>
35. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ustekinumab. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2022.
36. Thomas AS, Ma W, Wang Y. Ustekinumab for Refractory Colitis Associated with Immune Checkpoint Inhibitors. *N Engl J Med* 2021;384:581-583.
37. Mathurin Fumery, Laurent Peyrin-Biroulet, Stéphane Nancey, Romain Altwegg, Cyrielle Gilletta, et al. Effectiveness and safety of ustekinumab intensification at 90 Mg every four weeks In Crohn's disease: a multicenter study. *Journal of Crohn's and Colitis*, Elsevier - Oxford University Press, 2021, 15 (2), pp.222-227.
38. Haider, S., et al. Ustekinumab dose escalation improves clinical responses in refractory Crohn's disease *Therap Adv Gastroenterol*. 2020; 13: 1756284820959245. Published online 2020 Oct 13.
39. Ollech JE et al, Effectiveness of Ustekinumab Dose Escalation in Patients with Crohn's Disease. *Clin Gastroenterol Hepatol*. 2020 Feb 26.
40. Kopylov U, Hanzel J, Liefferinckx C, et al. Effectiveness of ustekinumab dose escalation in Crohn's disease patients with insufficient response to standard-dose subcutaneous maintenance therapy. *Aliment Pharmacol Ther* 2020;52:135-42.

41. Ma C, Fedorak RN, Kaplan GG, et al. Long-term Maintenance of Clinical, Endoscopic, and Radiographic Response to Ustekinumab in Moderate-to-Severe Crohn's Disease: Real-world Experience from a Multicenter Cohort Study. *Inflamm Bowel Dis* 2017;23:833-9.
42. Dalal R, Njie C, Gupta S, Allegretti JR. Predictors of Ustekinumab Failure After Dose Intensification Among Patients With Crohn's Disease *American College of Gastroenterology*; 2020. p. S0646.
43. R. Battat, U. Kopylov, T. Bessissow, et al. Association between ustekinumab trough concentrations and clinical, biomarker, and endoscopic outcomes in patients with Crohn's disease. *Clin Gastroenterol Hepatol*, 15 (2017), pp. 1427-1434,
44. A. S. Cheifetz, M. T. Abreu, W. Afif, et al. A Comprehensive Literature Review and Expert Consensus Statement on Therapeutic Drug Monitoring of Biologics in Inflammatory Bowel Disease. *Am J Gastroenterol* 2021 Accession Number: 34388143 DOI: 10.14309/ajg.0000000000001396.
45. Smith CH, Yiu ZZN, Bale T, et al; British Association of Dermatologists' Clinical Standards Unit. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2020: a rapid update. *Br J Dermatol*. 2020 Oct;183(4):628-637. Doi: 10.1111/bjd.19039.
46. National Institute for Health and Care Excellence. NICE 2017. Psoriasis: assessment and management. Published 24 October 2012. Clinical guideline [CG153]. <https://www.nice.org.uk/guidance/CG153>. Accessed August 2022.
47. National Institute for Health and Care Excellence. NICE 2013. Psoriasis. Published 06 August 2013. Quality standard [QS40]. <https://www.nice.org.uk/guidance/qs40>. Accessed August 2022.
48. Elmets CA, Lim HW, Stoff B, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. *J Am Acad Dermatol*. 2019 Sep;81(3):775-804. Doi: 10.1016/j.jaad.2019.04.042.
49. Menter A, Cordoro KM, Davis DMR, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis in pediatric patients. *J Am Acad Dermatol*. 2020 Jan;82(1):161-201. Doi: 10.1016/j.jaad.2019.08.049.
50. American Academy of Dermatology Work Group. 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 Jul;65(1):137-74. Doi: 10.1016/j.jaad.2010.11.055.
51. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Treatment of Juvenile Idiopathic Arthritis: Therapeutic Approaches for Non-Systemic Polyarthritis, Sacroiliitis, and Enthesitis. *Arthritis Care & Research*, Vol. 71, No. 6, June 2019, pp 717–734 DOI 10.1002/acr.23870.
52. Ringold S, Weiss PF, Beukelman T, et al. 2013 update of the 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis:

recommendations for the medical therapy of children with systemic juvenile idiopathic arthritis and tuberculosis screening among children receiving biologic medications. *Arthritis Rheum.* 2013 Oct;65(10):2499-512.

53. Armstrong AW, Siegel MP, Bagel J, et al. From the Medical Board of the National Psoriasis Foundation: Treatment targets for plaque psoriasis. *J Am Acad Dermatol.* 2017 Feb; 76(2):290-298. Doi: 10.1016/j.jaad.2016.10.017.
54. Mease PJ. Measures of psoriatic arthritis: Tender and Swollen Joint Assessment, Psoriasis Area and Severity Index (PASI), Nail Psoriasis Severity Index (NAPSI), Modified Nail Psoriasis Severity Index (mNAPSI), Mander/Newcastle Enthesitis Index (MEI), Leeds Enthesitis Index (LEI), Spondyloarthritis Research Consortium of Canada (SPARCC), Maastricht Ankylosing Spondylitis Enthesis Score (MASES), Leeds Dactylitis Index (LDI), Patient Global for Psoriatic Arthritis, Dermatology Life Quality Index (DLQI), Psoriatic Arthritis Quality of Life (PsAQOL), Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F), Psoriatic Arthritis Response Criteria (PsARC), Psoriatic Arthritis Joint Activity Index (PsAJAD), Disease Activity in Psoriatic Arthritis (DAPSA), and Composite Psoriatic Disease Activity Index (CPDAI). *Arthritis Care Res (Hoboken).* 2011 Nov;63 Suppl 11:S64-85. Doi: 10.1002/acr.20577.
55. Ringold S, Bittner R, Neggi T, et al. Performance of rheumatoid arthritis disease activity measures and juvenile arthritis disease activity scores in polyarticular-course juvenile idiopathic arthritis: Analysis of their ability to classify the American College of Rheumatology pediatric measures of response and the preliminary criteria for flare and inactive disease. *Arthritis Care Res (Hoboken).* 2010 Aug;62(8):1095-102.
56. Consolaro A, Giancane G, Schiappapietra B, et al. Clinical outcome measures in juvenile idiopathic arthritis. *Pediatric Rheumatology* 18 April 2016 14:23.

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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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
M08.80	Other juvenile arthritis, unspecified site

STELARA® (ustekinumab) Prior Auth Criteria

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ICD-10	ICD-10 Description
M08.811	Other juvenile arthritis, right shoulder
M08.812	Other juvenile arthritis, left shoulder
M08.819	Other juvenile arthritis, unspecified shoulder
M08.821	Other juvenile arthritis, right elbow
M08.822	Other juvenile arthritis, left elbow
M08.829	Other juvenile arthritis, unspecified elbow
M08.831	Other juvenile arthritis, right wrist
M08.832	Other juvenile arthritis, left wrist
M08.839	Other juvenile arthritis, unspecified wrist
M08.841	Other juvenile arthritis, right hand
M08.842	Other juvenile arthritis, left hand
M08.849	Other juvenile arthritis, unspecified hand
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.869	Other juvenile arthritis, unspecified knee
M08.871	Other juvenile arthritis, right ankle and foot
M08.872	Other juvenile arthritis, left ankle and foot
M08.879	Other juvenile arthritis, unspecified ankle and foot
M08.88	Other juvenile arthritis, other specified site
M08.89	Other juvenile arthritis, multiple sites
M08.9A	Juvenile arthritis, unspecified, other specified site
M08.911	Juvenile arthritis, unspecified, right shoulder
M08.912	Juvenile arthritis, unspecified, left shoulder
M08.919	Juvenile arthritis, unspecified, unspecified shoulder
M08.921	Juvenile arthritis, unspecified, right elbow
M08.922	Juvenile arthritis, unspecified, left elbow
M08.929	Juvenile arthritis, unspecified, unspecified elbow
M08.931	Juvenile arthritis, unspecified, right wrist
M08.932	Juvenile arthritis, unspecified, left wrist
M08.939	Juvenile arthritis, unspecified, unspecified wrist
M08.941	Juvenile arthritis, unspecified, right hand

ICD-10	ICD-10 Description
M08.942	Juvenile arthritis, unspecified, left hand
M08.949	Juvenile arthritis, unspecified, unspecified hand
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M08.969	Juvenile arthritis, unspecified, unspecified knee
M08.971	Juvenile arthritis, unspecified, right ankle and foot
M08.972	Juvenile arthritis, unspecified, left ankle and foot
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot
M08.98	Juvenile arthritis, unspecified, vertebrae
M08.99	Juvenile arthritis, unspecified, multiple sites
R19.7	Diarrhea, unspecified

Intravenous (J3358)

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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
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