Initiation (new start) criteria: Formulary ustekinumab (Stelara) will be covered on the prescription drug benefit for when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
   - Patient has tried and failed/intolerant to at least 1 of the following:
     o Infliximab product
     o Adalimumab (criteria based)
     o Etanercept (criteria based)
   - Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)

2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
   - Patient has tried and failed/intolerant to at least 1 of the following:
     o Infliximab product
     o Adalimumab (criteria based)
     o Etanercept (criteria based)
   - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
     o Tofacitinib (criteria based)
     o Apremilast (criteria based)
     o Secukinumab (criteria based)

3. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn’s disease
   - Patient has tried and failed/intolerant to all the following:
     o Infliximab product
     o Adalimumab product (criteria based)
     o Vedolizumab
   - Patient has received 1 dose of IV ustekinumab
Criteria-Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
ustekinumab (Stelara)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
   - If dose is 45 mg subQ every 12 weeks:
     - Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)
   - If dose is > 45mg subQ every 12 weeks:
     - Patient has tried and failed/intolerant to at least 1 of the following:
       - Infliximab product
       - Adalimumab (criteria based)
       - Etanercept (criteria based)
     - Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)

2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
   - If dose is 45 mg subQ every 12 weeks:
     - Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)
   - If dose is > 45mg subQ every 12 weeks:
     - Patient has tried and failed/intolerant to at least 1 of the following:
       - Infliximab product
       - Adalimumab (criteria based)
       - Etanercept (criteria based)
     - Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)

3. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn’s disease
   - Patient has tried and failed/intolerant to all the following:
     - Infliximab product
     - Adalimumab product (criteria based)
     - Vedolizumub