Formulary subcutaneous ustekinumab (Stelara®) will be covered on the prescription drug benefit when the following criteria are met:

1. For plaque psoriasis:
   - Documented diagnosis of psoriasis on problem list AND
   - Prescriber is a Dermatologist AND
   - Patient is intolerant to or has experienced treatment failure with two of the following medications: adalimumab (Humira), apremilast (Otezla), etanercept (Enbrel), infliximab (Remicade) or secukinumab (Cosentyx)

2. For psoriatic arthritis:
   - Documented diagnosis of psoriatic arthritis on problem list AND
   - Prescriber is a Rheumatologist AND
   - Patient is intolerant to or has experienced treatment failure with two of the following medications: adalimumab (Humira), apremilast (Otezla), etanercept (Enbrel), infliximab (Remicade) or secukinumab (Cosentyx)

3. For Crohn’s disease:
   - CORB Light criteria previously met for intravenous ustekinumab

4. For plaque psoriasis and psoriatic arthritis:
   - Patient is already stable on ustekinumab for at least 6 months