PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Stelara Intravenous Prior Authorization Policy
- Stelara® (ustekinumab intravenous infusion – Janssen Biotech)

REVIEW DATE: 06/22/2022

OVERVIEW

Stelara intravenous, a monoclonal antibody against the p40 subunit of the interleukin (IL)-12 and IL-23 cytokines, is indicated in patients ≥ 18 years of age with the following conditions:[1]

- **Crohn's disease**, in patients with moderate to severe active disease; AND
- **Ulcerative colitis**, in patients with moderate to severe active disease.

In Crohn's disease and ulcerative colitis, a single weight-based dose is administered by intravenous infusion. Following induction therapy with the intravenous product, the recommended maintenance is Stelara subcutaneous injection, given as a 90 mg subcutaneous injection administered 8 weeks after the initial intravenous dose, then once every 8 weeks thereafter.

Guidelines

Guidelines for the treatment of inflammatory conditions recommend use of Stelara.

- **Crohn's Disease:** The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).[2] Stelara is a treatment option in patients who have moderate to severe disease despite treatment with another agent (e.g., corticosteroid, thiopurine, methotrexate, or tumor necrosis factor inhibitors). Guidelines from the American Gastroenterological Association (AGA) [2021] include Stelara among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.[5]
- **Ulcerative Colitis:** Stelara is not addressed in the 2019 ACG guidelines for ulcerative colitis.[3] Current guidelines for ulcerative colitis from the AGA (2020) include Stelara among the therapies recommended for moderate to severe disease.[4]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Stelara intravenous. Because of the specialized skills required for evaluation and diagnosis of patients treated with Stelara intravenous as well as the monitoring required for adverse events and long-term efficacy, approval requires Stelara intravenous to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for 30 days, which is an adequate duration for the patient to receive one dose.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Stelara intravenous is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Crohn's Disease**. Approve a single dose if the patient meets the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** The medication will be used as induction therapy; AND
   - **C)** Patient meets one of the following (i, ii, iii, or iv):
     - **i.** Patient has tried or is currently taking a systemic corticosteroid, or a systemic corticosteroid is contraindicated in this patient; OR
     - **ii.** Patient has tried one other conventional systemic therapy for Crohn's disease; OR
       Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. A previous trial of a biologic also counts as a trial of one other agent for Crohn's disease. Refer to Appendix for examples of biologics used for Crohn's disease.
     - **iii.** Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
     - **iv.** Patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND
   - **D)** The medication is prescribed by or in consultation with a gastroenterologist.

2. **Ulcerative Colitis.** Approve a single dose if the patient meets the following criteria (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** The medication will be used as induction therapy; AND
   - **C)** Patient meets ONE of the following (i or ii):
     - **i.** Patient has had a trial of one systemic agent for ulcerative colitis; OR
       Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone. A trial of a biologic also counts as a trial of one systemic agent for ulcerative colitis. Refer to Appendix for examples of biologics used for ulcerative colitis.
     - **ii.** Patient meets BOTH of the following (a and b):
       - **a)** Patient has pouchitis; AND
       - **b)** Patient has tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema; AND
         Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema.
   - **D)** The medication is prescribed by or in consultation with a gastroenterologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Stelara intravenous is not recommended in the following situations:

1. **Ankylosing Spondylitis (AS).** There are other biologic therapies indicated in AS. More data are needed to demonstrate efficacy of Stelara in this condition. There is a published proof-of-concept trial evaluating Stelara in AS (TOPAS – UsTekinumab for the treatment Of Patients with active Ankylosing Spondylitis).[4] TOPAS was a prospective, open-label study evaluating Stelara 90 mg subcutaneous at Week 0, 4, and 16 in patients (n = 20) with AS. After Week 16, patients were followed through Week 28. Patients who previously failed to respond to tumor necrosis factor inhibitor (TNFi) were excluded, but patients who discontinued a TNFi for reasons other than lack of efficacy were allowed to enroll. The primary endpoint was a 40% improvement in disease activity at Week 24 according to the Assessment of SpondyloArthritis International Society (ASAS) criteria (ASAS40). Efficacy analysis was completed in the intent-to-treat population which included all patients who received at least one dose of Stelara. In all, 65% of patients (95% confidence interval [CI]: 41%, 85%; n = 13/20) achieved an ASAS40 response at Week 24. There was at least a 50% improvement of the BASDAI (Bath Ankylosing Spondylitis Disease Activity Index) achieved by 55% of patients (95% CI: 32%, 77%; n

= 11/20); improvement in other secondary endpoints were also noted. However, enthesitis (measured by MASES [Maastricht AS Entheses Score] and SPARCC [SPondyloArthritis Research Consortium of Canada] enthesitis indices) and the number of swollen joints were not significantly improved at Week 24. There was a significant reduction of active inflammation on magnetic resonance imaging at Week 24 compared with baseline in sacroiliac joints.

2. **Concurrent Use with a Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** Stelara intravenous should not be administered in combination with another biologic or with a targeted synthetic DMARD for an inflammatory condition (see Appendix for examples). Combination therapy is generally not recommended due to a potential for a higher rate of adverse effects with combinations and lack of additive efficacy. Note: This does NOT exclude the use of conventional agents (e.g., methotrexate, 6-mercaptopurine, azathioprine, and sulfasalazine) in combination with Stelara intravenous.

3. **Plaque Psoriasis.** Stelara for subcutaneous injection is indicated for treatment of plaque psoriasis.[1] Appropriate dosing of Stelara intravenous in plaque psoriasis is unclear.

4. **Psoriatic Arthritis.** Stelara for subcutaneous injection is indicated for treatment of psoriatic arthritis.[1] Appropriate dosing of Stelara intravenous in psoriatic arthritis is unclear.

5. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Stelara [prescribing information]. Horsham, PA: Janssen Biotech; December 2020.
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. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterology*. 2020 Apr158(5):1450-1461.
5. 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.

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Crohn's Disease:** Exceptions were added for a patient who has fistulizing disease or previous ileocolonic resection. A patient with one of these conditions is not required to try another therapy prior to Stelara.	09/22/2021
Early Annual Revision	**Ulcerative Colitis:** An exception was added for a patient who has pouchitis and has tried a listed therapy (i.e., an antibiotic, probiotic, corticosteroid enema, or mesalamine enema). A patient who meets this exception is not required to try another therapy prior to Stelara. **Conditions Not Recommended for Coverage:** Children or Adolescents < 18 Years of Age was removed from this section of the policy (not needed since age is addressed for each Condition Recommended for Approval).	06/22/2022

APPENDIX

[*] Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; [^] Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis.