Reference number	
1738-H	

## SPECIALTY QUANTITY LIMIT PROGRAM

# STELARA (ustekinumab)

### PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

### **II. COVERED QUANTITIES**

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Stelara (ustekinumab) 130 mg/26 mL single- dose vial	4 vials (1 dose)	N/A	CD, UC intravenous induction
Stelara (ustekinumab) subcutaneous injection 45 mg/0.5 mL vial/syringe	1 vial/syringe per 12 weeks	2 vials/syringes per 35 days	Psoriasis with or without co-existent PsA, adult  • ≤ 100 kg: 45 mg initially and 4 weeks later, followed by 45 mg every 12 weeks  • > 100 kg: 90 mg initially and 4 weeks later,
Stelara (ustekinumab) subcutaneous injection 90 mg/mL syringe	1 syringe per 8 weeks	2 syringes per 35 days	Followed by 90 mg every 12 weeks  Psoriasis, adolescent (12 years and older) Weight based dosing at the initial dose, 4 weeks later, and then every 12 weeks thereafter <ul> <li>&lt; 60 kg: 0.75 mg/kg</li> <li>60 kg to 100 kg: 45 mg</li> <li>&gt; 100 kg: 90 mg</li> </ul> PsA, without co-existent plaque psoriasis <ul> <li>45 mg initially and 4 weeks later, followed by 45 mg every 12 weeks</li> </ul> CD, UC maintenance dose <ul> <li>90 mg 8 weeks after the initial intravenous dose, then every 8 weeks thereafter</li> </ul>

Abbreviations: PsA = psoriatic arthritis; CD = Crohn's disease, UC = ulcerative colitis

### III. REFERENCE

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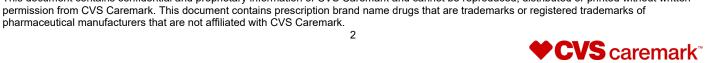
<sup>\*</sup>Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

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1. Stelara [package insert]. Horsham, PA: Janssen Biotech, Inc.; October 2019.

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