

Priority Health Medicare Prior Authorization Criteria (Part D)

Stelara®

Products affected

- Stelara®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have a negative TB test (must be done yearly).
Age restrictions	Patient must be age 18 or over.
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of plaque psoriasis, 5% or more of patient's body surface area affected (unless hands, feet, head, neck, or genitalia are affected), must first try topical and systemic therapy, must try Enbrel or Humira. For diagnosis of psoriatic arthritis, must try one non-biologic DMARD and must try Enbrel or Humira. For diagnosis of Crohn's disease, must first try or be intolerant to Humira. For members with Crohn's disease that are naive to TNF blockers, must first try or be intolerant to one immunomodulator (methotrexate, azathioprine, 6-MP) or one corticosteroid.