Stelara® (ustekinumab)
(Intravenous/Subcutaneous)

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I. Length of Authorization

Crohn's Disease and Ulcerative Colitis:
Coverage will be provided for 8 weeks initially and may be renewed in 6-month intervals thereafter.

- Dose escalation requests for Crohn's Disease and Ulcerative Colitis: will be provided for 3 months with continued renewal every 6 months thereafter (*See Section V for continuation details).*

Immune Checkpoint Inhibitor Related Diarrhea/Colitis:
Coverage will be provided for 4 doses total and may not be renewed.

All other indications:
Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

Subcutaneous
• Stelara 45 mg vial/prefilled syringe:
  ○ Loading: 1 syringe at weeks 0 & 4
  ○ Maintenance: 1 syringe every 12 weeks
• Stelara 90 mg prefilled syringe:
  ○ Loading: 1 syringe at weeks 0 & 4
  ○ Maintenance: 1 syringe every 4 weeks

Intravenous • Stelara 130 mg (5 mg/mL) single-dose vial: 4 vials

B. Max Units (per dose and over time) [HCPCS Unit]:

Indication	Max Units
Plaque Psoriasis & Psoriatic Arthritis with co-existent moderate-severe Plaque Psoriasis	Subcutaneous Loading (J3357): • 90 billable units (90 mg) at weeks 0 & 4; maintenance dosing 12 weeks later Subcutaneous Maintenance (J3357): • 90 billable units (90 mg) every 12 weeks
Psoriatic Arthritis	Subcutaneous Loading (J3357): • 45 billable units (45mg) at weeks 0 & 4; maintenance dosing 12 weeks later Subcutaneous Maintenance (J3357): • 45 billable units (45 mg) every 12 weeks
Crohn's Disease & Ulcerative Colitis	Intravenous Induction (J3358): • 520 billable units (520 mg) x 1 dose Subcutaneous Maintenance (J3357): • 90 billable units (90 mg) 8 weeks after induction & every 4 weeks thereafter
Immune Checkpoint Inhibitor Related Diarrhea/Colitis	Intravenous Induction (J3358): • 520 billable units (520 mg) x 1 dose Subcutaneous Maintenance (J3357): • 90 billable units (90 mg) 8 weeks after induction & every 8 weeks thereafter x 3 doses

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); **AND**
- Patient is up to date with all age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**

Universal Criteria [1]

- Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for presence of TB during treatment; **AND**
- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient will not receive live vaccines during therapy; **AND**
- Patient is not on concurrent treatment with another TNF-inhibitor, IL-inhibitor, biologic response modifier or other non-biologic agent (e.g., abrocitinib, apremilast, tofacitinib, baricitinib, upadacitinib, deucravacitinib, etc.); **AND**

Adult Plaque Psoriasis (PsO) † [1,30,45-48]

- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**

- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
  - Involvement of at least 3% of body surface area (BSA); **OR**
  - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- Patient did not respond adequately (or is not a candidate) to a 4 week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, tapinarof, roflumilast, retinoic acid derivatives, and/or vitamin D analogues); **AND**
- Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **AND**
- Patient did not respond adequately (or is not a candidate*****) to a 3 month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol)

Pediatric Plaque Psoriasis (PsO) † [1,30,45-49]

- Patient is at least 6 years of age; **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
  - Involvement of at least 3% of body surface area (BSA); **OR**
  - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- Patient did not respond adequately (or is not a candidate) to a 4 week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, roflumilast, retinoic acid derivatives, and/or vitamin D analogues); **AND**
- Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **AND**
- Patient did not respond adequately (or is not a candidate*****) to a 3 month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol)

Adult Psoriatic Arthritis (PsA) † [1,9,33,50]

- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severe active disease; **AND**

- For patients with predominantly axial disease, a trial and failure of at least a 4 week trial of ONE non-steroidal anti-inflammatory agent (NSAID), unless use is contraindicated; **OR**
- For patients with peripheral arthritis, dactylitis, OR active enthesitis, a trial and failure of at least a 3 month trial of ONE oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, hydroxychloroquine, etc.

Juvenile Psoriatic Arthritis (JPsA) † [1,51,52]

- Patient is at least 6 years of age; **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severe active polyarticular disease; **AND**
- May be used as a single agent or in combination with methotrexate; **AND**
- Patient has had at least a 1-month trial and failure (unless contraindicated or intolerant) of previous therapy with either oral non-steroidal anti-inflammatory drugs (NSAIDs) OR an oral disease-modifying anti-rheumatic agent (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, etc.)

Crohn's Disease † [1,10-12,14,18,24]

- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severely active disease; **AND**
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate); **AND**
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of a TNF modifier (e.g., adalimumab, certolizumab, or infliximab)

Ulcerative Colitis † [1,13,19-23,29,58]

- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severe active disease; **AND**
  - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of conventional therapy (aminosalicylates, corticosteroids or immunomodulators [e.g., azathioprine, 6-mercaptopurine, or methotrexate]); **OR**
  - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of a TNF modifier (e.g., adalimumab, golimumab, or infliximab)

Management of Immune Checkpoint Inhibitor-Related Diarrhea/Colitis ‡ [35,36]

- Patient has been receiving therapy with an immune checkpoint inhibitor (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, cemiplimab, ipilimumab, tremelimumab, dostarlimab, retifanlimab, etc.); **AND**
  - Patient has mild (G1) diarrhea or colitis with persistent or progressive symptoms and is lactoferrin/calprotectin positive; **OR**
  - Patient has moderate (G2) to severe (G3-4) diarrhea or colitis that is refractory to infliximab and/or vedolizumab

*Examples of contraindications to phototherapy (PUVA or UVB) include the following: [31,32,49]
– Xeroderma pigmentosum – Other rare photosensitive genodermatoses (e.g., trichothiodystrophy, Cockayne syndrome, Bloom syndrome, Rothmund-Thomson syndrome) *(UVB only)* – Genetic disorders associated with increased risk of skin cancer (e.g., Gorlin syndrome, oculocutaneous albinism) *(UVB only)* – Pregnancy or lactation *(PUVA only)* – Lupus Erythematosus – History of one of the following: photosensitivity diseases (e.g., chronic actinic dermatitis, solar urticaria), melanoma, non-melanoma skin cancer, extensive solar damage *(PUVA only),* treatment with arsenic or ionizing radiation – Immunosuppression in an organ transplant patient *(UVB only)* – Photosensitizing medications *(PUVA only)* – Severe liver, renal, or cardiac disease *(PUVA only)* – Young age < 12 years old *(PUVA only)*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious infections, malignancy, severe hypersensitivity reactions, posterior reversible encephalopathy syndrome (PRES) or reversible posterior leukoencephalopathy syndrome (RPLS), non-infectious pneumonia, etc.; **AND**

Adult Plaque Psoriasis (PsO) [45,53]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement ≤ 1%), and/or an improvement on a disease activity scoring tool [e.g., a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and ≥ 4-point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started].

Pediatric Plaque Psoriasis (PsO) [49,53]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement ≤1%), and/or an improvement on a disease activity scoring tool [e.g. a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and ≥ 4-point reduction in the children's Dermatology Life Quality Index (cDLQI) from when treatment started.]

Adult Psoriatic Arthritis (PsA) [15,54]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g., defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria].

Juvenile Psoriatic Arthritis (JPsA) [55,56]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of patient global assessment, and/or an improvement on a disease activity scoring tool [e.g. an improvement on a composite scoring index such as Juvenile Arthritis Disease Activity Score (JADAS) or the American College of Rheumatology (ACR) Pediatric (ACR-Pedi 30) of at least 30% improvement from baseline in three of six variables].

Crohn's Disease [13]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra intestinal complications, use of anti-diarrheal drugs, tapering or discontinuation of corticosteroid therapy, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Crohn's Disease Activity Index (CDAI) score or the Harvey-Bradshaw Index score].

Ulcerative Colitis [19-23]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, tapering or discontinuation of corticosteroid therapy, normalization of C-reactive protein (CRP) or fecal calprotectin (FC), and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Ulcerative Colitis Endoscopic Index of Severity (UCEIS) score or the Mayo Score].

Management of Immune Checkpoint Inhibitor-Related Diarrhea/Colitis ‡

- May not be renewed

V. Dosage/Administration [1,35-44]

Indication	Dose
Plaque Psoriasis	Adult Subcutaneous Loading Dose: • ≤100 kg: 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later • >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later Adult Subcutaneous Maintenance Dose: • ≤100 kg: 45 mg every 12 weeks • >100 kg: 90 mg every 12 weeks
	Pediatric Subcutaneous Loading Dose: • <60 kg: 0.75 mg/kg at weeks 0 & 4, then begin maintenance dosing 12 weeks later • 60 – 100 kg: 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later • >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later Pediatric Subcutaneous Maintenance Dose: • <60 kg: 0.75 mg/kg every 12 weeks • 60 – 100 kg: 45 mg every 12 weeks • >100 kg: 90 mg every 12 weeks
Psoriatic Arthritis	Adult Subcutaneous Loading Dose: • 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later • Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later Adult Subcutaneous Maintenance Dose: • 45 mg every 12 weeks • Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg every 12 weeks
	Pediatric Subcutaneous Loading Dose: • <60 kg: 0.75 mg/kg at weeks 0 & 4, then begin maintenance dosing 12 weeks later • ≥60 kg: 45 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later • Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg at weeks 0 & 4, then begin maintenance dosing 12 weeks later Pediatric Subcutaneous Maintenance Dose: • <60 kg: 0.75 mg/kg every 12 weeks • ≥60 kg: 45 mg every 12 weeks • Co-existing moderate to severe plaque psoriasis AND weighing >100 kg: 90 mg every 12 weeks
Crohn's Disease & Ulcerative Colitis/ Immune Checkpoint Inhibitor-Related Diarrhea/Colitis	Intravenous Induction Dose (one-time only): • ≤ 55 kg: 260 mg • > 55 kg to 85 kg: 390 mg • > 85 kg: 520 mg Subcutaneous Maintenance Dose: • 90 mg given 8 weeks after the initial IV dose, then every 8 weeks thereafter (*Note Immune Checkpoint Inhibitor Related Toxicity: 1 induction dose plus up to 3 maintenance doses only)*

Indication	Dose
• Crohn's Disease & Ulcerative Colitis dose escalation[37-44] (up to the maximum dose and frequency specified below) may occur upon clinical review on a case-by-case basis provided that the patient has: ○ Shown an initial response to therapy; **AND** ○ Received the initial intravenous loading dose as specified above; **AND** ○ Received a minimum of one subcutaneous maintenance dose as specified above; **AND** ○ Responded to therapy (by treatment week 16*****) with subsequent loss of response; **AND** ○ Dose escalation must not exceed the following limits: ▪ 90 mg every 4 weeks (certain patients may benefit from a smaller reduction in interval if they become symptomatic 5, 6, or 7 weeks after the prior administration) ➢ Coverage will be provided for 3 months with continued approval (as specified in Sections I & IV) contingent upon demonstration of clinical improvement and ustekinumab levels (if available)****** • Patients who do not regain response at a 4-week interval should discontinue therapy • Patients who are responding to therapy may continue with their current dosing****** *****Note: • Request for dose escalation prior to week 16 will be evaluated considering the patient's clinical picture regarding severity of inflammation, factors which may result in subtherapeutic response to standard dosing (e.g., hypoalbuminemia, prior TNF-I failure), timing of response and breakthrough/loss of response, presence of perianal fistula; **AND** • ustekinumab trough (if available)****** is <4.5 micrograms/mL	
******ustekinumab trough levels must be obtained (if this is a covered test under the benefit). • Patients who are well-controlled with a trough >4.5 micrograms/mL may be candidates to increase the interval between administrations from 4 weeks to 6 weeks. Response should be assessed after 3 months at this every 6-week interval. Those patients demonstrating loss of response may decrease the interval back to 90 mg every 4 weeks. • Patients whose trough is <4.5 micrograms/mL are candidates to decrease the interval between administrations from 8 weeks to as frequently as 4 weeks. Some patients may benefit from one additional IV loading dose in conjunction with this more frequent maintenance dosing interval.	

VI. Billing Code/Availability Information

HCPCS Code:

- J3357 – Ustekinumab, for subcutaneous injection, 1 mg; 1 billable unit = 1 mg
- J3358 – Ustekinumab, for intravenous injection, 1 mg; 1 billable unit = 1 mg

NDC:

- Subcutaneous
  Stelara 45 mg single-dose vial (SDV) and prefilled (PF) syringe: 57894-0060-xx
  Stelara 90 mg prefilled (PF) syringe: 57894-0061-xx
- Intravenous
  Stelara 130 mg (5 mg/mL) single-dose vial (SDV): 57894-0054-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

Subcutaneous (J3357)

ICD-10	ICD-10 Description
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication

ICD-10	ICD-10 Description
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess

ICD-10	ICD-10 Description
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis
L40.0	Psoriasis vulgaris
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.59	Other psoriatic arthropathy
M08.80	Other juvenile arthritis, unspecified site
M08.811	Other juvenile arthritis, right shoulder
M08.812	Other juvenile arthritis, left shoulder
M08.819	Other juvenile arthritis, unspecified shoulder
M08.821	Other juvenile arthritis, right elbow
M08.822	Other juvenile arthritis, left elbow
M08.829	Other juvenile arthritis, unspecified elbow
M08.831	Other juvenile arthritis, right wrist
M08.832	Other juvenile arthritis, left wrist
M08.839	Other juvenile arthritis, unspecified wrist
M08.841	Other juvenile arthritis, right hand
M08.842	Other juvenile arthritis, left hand
M08.849	Other juvenile arthritis, unspecified hand
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee

ICD-10	ICD-10 Description
M08.869	Other juvenile arthritis, unspecified knee
M08.871	Other juvenile arthritis, right ankle and foot
M08.872	Other juvenile arthritis, left ankle and foot
M08.879	Other juvenile arthritis, unspecified ankle and foot
M08.88	Other juvenile arthritis, other specified site
M08.89	Other juvenile arthritis, multiple sites
M08.9A	Juvenile arthritis, unspecified, other specified site
M08.911	Juvenile arthritis, unspecified, right shoulder
M08.912	Juvenile arthritis, unspecified, left shoulder
M08.919	Juvenile arthritis, unspecified, unspecified shoulder
M08.921	Juvenile arthritis, unspecified, right elbow
M08.922	Juvenile arthritis, unspecified, left elbow
M08.929	Juvenile arthritis, unspecified, unspecified elbow
M08.931	Juvenile arthritis, unspecified, right wrist
M08.932	Juvenile arthritis, unspecified, left wrist
M08.939	Juvenile arthritis, unspecified, unspecified wrist
M08.941	Juvenile arthritis, unspecified, right hand
M08.942	Juvenile arthritis, unspecified, left hand
M08.949	Juvenile arthritis, unspecified, unspecified hand
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M08.969	Juvenile arthritis, unspecified, unspecified knee
M08.971	Juvenile arthritis, unspecified, right ankle and foot
M08.972	Juvenile arthritis, unspecified, left ankle and foot
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot
M08.98	Juvenile arthritis, unspecified, vertebrae
M08.99	Juvenile arthritis, unspecified, multiple sites
R19.7	Diarrhea, unspecified

Intravenous (J3358)

ICD-10	ICD-10 Description
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication

ICD-10	ICD-10 Description
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess

ICD-10	ICD-10 Description
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis
R19.7	Diarrhea, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

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LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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- Qualified interpreters
- Information written in other languages

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If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).