

## Medical Policy:

### Stelara (ustekinumab) IV solution and SC injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.106	March 1, 2024	April 1, 2019

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

## Definitions

Stelara® is a human IgG1-kappa monoclonal antibody that binds to the p40 subunits of IL-12 and IL-23 cytokines and interferes with inflammatory and immune responses.

## Length of Authorization

**Crohn’s Disease and Ulcerative Colitis Intravenous:** Coverage will be provided for 1 intravenous induction dose

**Psoriasis, Psoriatic Arthritis, Crohn’s Disease and Ulcerative Colitis Subcutaneous:** Coverage will be provided for 3 months

## Dosing Limits [Medical Benefit]

Max Units (per dose and over time) [Medical Benefit]:

Indication	Max Units
Crohn’s Disease, Ulcerative Colitis	<u>Intravenous Induction (J3358):</u>
	<ul style="list-style-type: none"> <li>520 billable units x 1 dose</li> </ul>
	<u>Subcutaneous Maintenance (J3357):</u>

Indication	Max Units
	<ul style="list-style-type: none"> <li>90 billable units (90 mg) 8 weeks after induction &amp; every 4 weeks thereafter</li> </ul>
Psoriatic Arthritis	<u>Subcutaneous Loading (J3357):</u> <ul style="list-style-type: none"> <li>45 billable units (45mg) at weeks 0 &amp; 4; maintenance dosing 12 weeks later</li> </ul> <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> <li>45 billable units (45 mg) every 12 weeks</li> </ul>
Plaque Psoriasis & Psoriatic Arthritis with co-existent moderate-severe Plaque Psoriasis	<u>Subcutaneous Loading (J3357):</u> <ul style="list-style-type: none"> <li>90 billable units (90 mg) at weeks 0 &amp; 4; maintenance dosing 12 weeks later</li> </ul> <u>Subcutaneous Maintenance (J3357):</u> <ul style="list-style-type: none"> <li>90 billable units (90 mg) every 12 weeks</li> </ul>

## Guideline

### I. INITIAL APPROVAL CRITERIA

Coverage is provided in the following conditions:

- Patient is 18 years or older (unless otherwise specified); **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Patient is free of any clinically important active infections; **AND**
- Therapy will not be administered concurrently with live vaccines; **AND**
- Patient is not on concurrent treatment with a TNF-inhibitor, biologic response modifier or other non-biologic agent (i.e., apremilast, tofacitinib, baricitinib); **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**

#### Intravenous Induction Criteria:

##### **1. Crohn's Disease † (intravenous induction)**

A. Documented moderate to severely active disease; **AND**

- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of ONE corticosteroid or immunomodulator (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, certolizumab, or infliximab)

##### **2. Moderately to severely active ulcerative colitis † (intravenous induction)**

A. Documented moderate to severely active disease; **AND**

- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of ONE corticosteroid or immunomodulator (e.g. azathioprine, 6-mercaptopurine); **OR**

- ii. Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of a TNF modifier (e.g. adalimumab, or infliximab)

## **Subcutaneous Formulation**

### **1. Adult Plaque Psoriasis (PsO) Subcutaneous**

- A. Documented moderate to severe plaque psoriasis for at least 6 months with at least **ONE** of the following:
  - i. Involvement of at least 3% of body surface area (BSA); **OR**
  - ii. Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - iii. Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- B. 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, retinoic acid derivatives, and/or vitamin D analogues); **AND**
- C. 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**
- D. 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)

### **2. Pediatric Plaque Psoriasis (PsO) Subcutaneous**

- A. Patient is at least 6 years of age; **AND**
- B. Documented moderate to severe plaque psoriasis for at least 6 months with at least **ONE** of the following:
  - i. Involvement of at least 3% of body surface area (BSA); **OR**
  - ii. Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - iii. Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- C. 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, retinoic acid derivatives, and/or vitamin D analogues); **AND**
- D. 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**
- E. 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)

### **3. Adult Psoriatic Arthritis (PsA) Subcutaneous**

- A. Documented moderate to severe active disease; **AND**
  - i. For patients with predominantly axial disease **OR** active enthesitis, a trial and failure of at least a 4 week trial of ONE (1) non-steroidal anti-inflammatory agent (NSAID), unless use is contraindicated; **OR**
  - ii. For patients with peripheral arthritis or dactylitis, a trial and failure of at least a 3 month trial of ONE (1) oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, hydroxychloroquine, etc.

#### **4. Juvenile Psoriatic Arthritis (PsA) Subcutaneous**

- A. Patient is at least 6 years of age; **AND**
- B. Documented moderate to severe active polyarticular disease; **AND**
- C. May be used as a single agent or in combination with methotrexate; **AND**
- D. 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.)

#### **5. Crohn's Disease Subcutaneous**

- A. Documented moderate to severely active disease; **AND**
- B. 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**
- C. 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)

#### **6. Ulcerative Colitis Subcutaneous**

- A. Documented moderate to severe active disease; **AND**
  - i. Documented failure, contraindication, or ineffective response at maximum tolerated
  - ii. doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate); **OR**
  - iii. Documented failure, contraindication, or ineffective response at maximum tolerated
  - iv. doses to a minimum (3) month trial of a TNF modifier (e.g., adalimumab, golimumab, or infliximab)

† FDA Approved Indication(s)

#### **Limitations/Exclusions**

Stelara (ustekinumab) is not considered medically necessary for indications other those listed above due to insufficient evidence of therapeutic value.

## **II. RENEWAL CRITERIA**

Coverage cannot be renewed.

### **Dosing/Administration**

<b>Indication</b>	<b>Dose</b>
Crohn's Disease, Ulcerative Colitis	<u>Intravenous Induction Dose (one-time only):</u> <ul style="list-style-type: none"><li>• ≤ 55 kg: 260 mg</li><li>• &gt; 55 kg to 85 kg: 390 mg</li><li>• &gt; 85 kg: 520 mg</li></ul>
	<u>Subcutaneous Maintenance Dose:</u> 90 mg given 8 weeks after the initial IV dose, then every 8 weeks thereafter
Plaque Psoriasis	<u>Adult Subcutaneous Loading Dose:</u>

Indication	Dose
	<ul style="list-style-type: none"> <li>≤100 kg: 45 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> <li>&gt;100 kg: 90 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> </ul> <p><u>Adult Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> <li>≤100 kg: 45 mg every 12 weeks</li> <li>&gt;100 kg: 90 mg every 12 weeks</li> </ul> <p><u>Pediatric Subcutaneous Loading Dose:</u></p> <ul style="list-style-type: none"> <li>&lt;60 kg: 0.75 mg/kg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> <li>60 – 100 kg: 45 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> <li>&gt;100 kg: 90 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> </ul> <p><u>Pediatric Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> <li>&lt;60 kg: 0.75 mg/kg every 12 weeks</li> <li>60 – 100 kg: 45 mg every 12 weeks</li> <li>&gt;100 kg: 90 mg every 12 weeks</li> </ul>
Psoriatic Arthritis	<p><u>Adult Subcutaneous Loading Dose:</u></p> <ul style="list-style-type: none"> <li>45 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> <li>Co-existing moderate to severe plaque psoriasis AND weighing &gt;100 kg: 90 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> </ul> <p><u>Adult Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> <li>45 mg every 12 weeks</li> <li>Co-existing moderate to severe plaque psoriasis AND weighing &gt;100 kg: 90 mg every 12 weeks</li> </ul> <p><u>Pediatric Subcutaneous Loading Dose:</u></p> <ul style="list-style-type: none"> <li>&lt;60 kg: 0.75 mg/kg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> <li>≥60 kg: 45 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> <li>Co-existing moderate to severe plaque psoriasis AND weighing &gt;100 kg: 90 mg at weeks 0 &amp; 4, then begin maintenance dosing 12 weeks later</li> </ul> <p><u>Pediatric Subcutaneous Maintenance Dose:</u></p> <ul style="list-style-type: none"> <li>&lt;60 kg: 0.75 mg/kg every 12 weeks</li> <li>≥60 kg: 45 mg every 12 weeks</li> <li>Co-existing moderate to severe plaque psoriasis AND weighing &gt;100 kg: 90 mg every 12 weeks</li> </ul>

## Applicable Procedure Codes

Code	Description
J3358	Ustekinumab, for intravenous injection, 1 mg; 1 billable unit = 1 mg
J3357	Ustekinumab, for subcutaneous injection, 1 mg

## Applicable NDCs

Code	Description
57894-0054-xx	Stelara 130 mg (5 mg/mL) single-dose vial
57894-0061-03	Stelara 90mg/ml solution for subcutaneous injection

57894-0060-02	Stelara 45mg/0.5mL solution for subcutaneous injection
57894-0060-03	Stelara 45mg/0.5mL solution for subcutaneous injection

## ICD-10 Diagnoses

Code	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	Ulcerative Colitis
K51.00	Ulcerative (chronic) pancolitis without complications
K51.01	Ulcerative (chronic) pancolitis with 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
K51.2	Ulcerative (chronic) proctitis
K51.20	Ulcerative (chronic) proctitis without complications
K51.21	Ulcerative (chronic) proctitis with 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
K51.3	Ulcerative (chronic) rectosigmoiditis
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.31	Ulcerative (chronic) rectosigmoiditis with 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
K31.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.5	Left sided colitis
K51.50	Left sided colitis without complications
K51.51	Left sided colitis with 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
K51.8	Other ulcerative colitis
K51.80	Other ulcerative colitis without complications
K51.81	Other ulcerative colitis with 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
K51.9	Ulcerative colitis, unspecified
K51.90	Ulcerative colitis, unspecified without complications
K51.91	Ulcerative colitis, unspecified with 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

## Revision History

Company(ies)	DATE	REVISION
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EmblemHealth & ConnectiCare	03/01/2024	Update: Added Stelara SC to policy, Dosing Limits, dosing chart, length of authorization and criteria. Added J3357 and SC formulation NDCs.																																																												
EmblemHealth & ConnectiCare	4/27/2023	Annual Review: No criteria changes																																																												
EmblemHealth & ConnectiCare	1/12/2023	Transfer to New Template																																																												
EmblemHealth & ConnectiCare	4/17/2020	<p>The following ICD 10 Codes were added for Ulcerative Colitis:</p> <table border="1"> <tr><td>K51</td><td>Ulcerative Colitis</td></tr> <tr><td>K51.00</td><td>Ulcerative (chronic) pancolitis without complications</td></tr> <tr><td>K51.01</td><td>Ulcerative (chronic) pancolitis with complications</td></tr> <tr><td>K51.011</td><td>Ulcerative (chronic) pancolitis with rectal bleeding</td></tr> <tr><td>K51.012</td><td>Ulcerative (chronic) pancolitis with intestinal obstruction</td></tr> <tr><td>K51.013</td><td>Ulcerative (chronic) pancolitis with fistula</td></tr> <tr><td>K51.014</td><td>Ulcerative (chronic) pancolitis with abscess</td></tr> <tr><td>K51.018</td><td>Ulcerative (chronic) pancolitis with other complication</td></tr> <tr><td>K51.019</td><td>Ulcerative (chronic) pancolitis with unspecified complications</td></tr> <tr><td>K51.2</td><td>Ulcerative (chronic) proctitis</td></tr> <tr><td>K51.20</td><td>Ulcerative (chronic) proctitis without complications</td></tr> <tr><td>K51.21</td><td>Ulcerative (chronic) proctitis with complications</td></tr> <tr><td>K51.211</td><td>Ulcerative (chronic) proctitis with rectal bleeding</td></tr> <tr><td>K51.212</td><td>Ulcerative (chronic) proctitis with intestinal obstruction</td></tr> <tr><td>K51.213</td><td>Ulcerative (chronic) proctitis with fistula</td></tr> <tr><td>K51.214</td><td>Ulcerative (chronic) proctitis with abscess</td></tr> <tr><td>K51.218</td><td>Ulcerative (chronic) proctitis with other complication</td></tr> <tr><td>K51.219</td><td>Ulcerative (chronic) proctitis with unspecified complications</td></tr> <tr><td>K51.3</td><td>Ulcerative (chronic) rectosigmoiditis</td></tr> <tr><td>K51.30</td><td>Ulcerative (chronic) rectosigmoiditis without complications</td></tr> <tr><td>K51.31</td><td>Ulcerative (chronic) rectosigmoiditis with complications</td></tr> <tr><td>K51.311</td><td>Ulcerative (chronic) rectosigmoiditis with rectal bleeding</td></tr> <tr><td>K51.312</td><td>Ulcerative (chronic) rectosigmoiditis with intestinal obstruction</td></tr> <tr><td>K51.313</td><td>Ulcerative (chronic) rectosigmoiditis with fistula</td></tr> <tr><td>K51.314</td><td>Ulcerative (chronic) rectosigmoiditis with abscess</td></tr> <tr><td>K51.318</td><td>Ulcerative (chronic) rectosigmoiditis with other complication</td></tr> <tr><td>K31.319</td><td>Ulcerative (chronic) rectosigmoiditis with unspecified complications</td></tr> <tr><td>K51.5</td><td>Left sided colitis</td></tr> <tr><td>K51.50</td><td>Left sided colitis without complications</td></tr> <tr><td>K51.51</td><td>Left sided colitis with complications</td></tr> </table>	K51	Ulcerative Colitis	K51.00	Ulcerative (chronic) pancolitis without complications	K51.01	Ulcerative (chronic) pancolitis with 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	K51.2	Ulcerative (chronic) proctitis	K51.20	Ulcerative (chronic) proctitis without complications	K51.21	Ulcerative (chronic) proctitis with 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	K51.3	Ulcerative (chronic) rectosigmoiditis	K51.30	Ulcerative (chronic) rectosigmoiditis without complications	K51.31	Ulcerative (chronic) rectosigmoiditis with 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	K31.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications	K51.5	Left sided colitis	K51.50	Left sided colitis without complications	K51.51	Left sided colitis with complications
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K51	Ulcerative Colitis																																																													
K51.00	Ulcerative (chronic) pancolitis without complications																																																													
K51.01	Ulcerative (chronic) pancolitis with 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
		K51.2	Ulcerative (chronic) proctitis
		K51.20	Ulcerative (chronic) proctitis without complications
		K51.21	Ulcerative (chronic) proctitis with 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
		K51.3	Ulcerative (chronic) rectosigmoiditis
		K51.30	Ulcerative (chronic) rectosigmoiditis without complications
		K51.31	Ulcerative (chronic) rectosigmoiditis with 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
		K31.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
		K51.5	Left sided colitis
		K51.50	Left sided colitis without complications
		K51.51	Left sided colitis with 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
		K51.8	Other ulcerative colitis
		K51.80	Other ulcerative colitis without complications
		K51.81	Other ulcerative colitis with 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
		K51.9	Ulcerative colitis, unspecified
		K51.90	Ulcerative colitis, unspecified without complications

		K51.91	Ulcerative colitis, unspecified with 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
EmblemHealth & ConnectiCare	4/1/2019	<p>-Under Guidelines added the following indication per FDA label:</p> <ul style="list-style-type: none"> <li>Moderately to severely active ulcerative colitis †</li> </ul> <p>- Under Limitations/Exclusions: added Stelara (ustekinumab) is not considered medically necessary for indications other those listed above due to insufficient evidence of therapeutic value.</p>	

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