

Prescribing Guide: Biosimilars for Stelara



Quick start

1

Select the biosimilar for Stelara most appropriate for your patient's treatment. Check your patient's plan for covered products.

2

Include the brand name or ustekinumab + 4-letter suffix to help prevent clarification requests.

3

Send prescription referrals to CVS Specialty®.
ePrescribe: **1466033**
Call: **1-877-408-9742**
Fax: **1-877-408-9743**

4

Need help? Contact your local CVS Specialty representative.
Don't know? [Email us](#) and we will get you connected.

Prescribing and dispensing

STELARA

Prescription written for	Pharmacy to dispense	Dosage forms	Manufacturer's full prescribing information
Stelara or ustekinumab	Stelara or ustekinumab*	<ul style="list-style-type: none">• IV SDV• SC PFS• SC SDV	Johnson & Johnson

BIOSIMILARS FOR STELARA

Prescription written for	Pharmacy to dispense	Dosage forms	Manufacturer's full prescribing information
Pyzchiva or ustekinumab-ttwe	Pyzchiva	<ul style="list-style-type: none">• IV SDV• SC PFS	Samsung Bioepis
Selarsdi or ustekinumab-aekn	Selarsdi	<ul style="list-style-type: none">• SC PFS• SC SDV	Alvotech
Steqeyma or ustekinumab-stba	Steqeyma	<ul style="list-style-type: none">• IV SDV• SC PFS	Celltrion
Yesintek or ustekinumab-kfce	Yesintek	<ul style="list-style-type: none">• IV SDV• SC PFS• SC SDV	Biocon Biologics

*Branded and unbranded biosimilars share the same biologics license application and may be dispensed with the corresponding unbranded or branded biosimilar as deemed by the prescription benefit plan.



FDA-approved indications and usage

All biosimilars for Stelara have been approved for:

- Crohn's disease
- Psoriatic arthritis (6+)
- Plaque psoriasis (6+)
- Ulcerative colitis

Formulary reminders

1

New prior authorizations (PAs) are required for patients transitioning to a biosimilar for Stelara. Check your patient's prescription benefits plan for covered alternatives. Then, send your patient's prescription to CVS Specialty and submit a new PA request.

2

If you select a new replacement therapy, you will need to send CVS Specialty a new prescription and submit a new PA request to your patient's prescription benefit plan.

3

Patients not filling at CVS Specialty will need to check with their specialty pharmacy. Patients can refer to their prescription benefit plan for formulary updates and changes.

IV infusion must be administered by a health care professional only and is given as an induction therapy for the treatment of Crohn's disease and Ulcerative colitis.

FDA (U.S. Food and Drug Administration). HCP (Health care professional). IV (Intravenous). PFS (Prefilled syringe). SC (Subcutaneous). SDV (Single dose vial). CD (Crohn's disease).

PsA (Psoriatic arthritis). PsO (Plaque psoriasis). UC (Ulcerative colitis).

The information contained in this communication is provided in summary form. It is not intended for use as the sole basis of clinical treatment, as a substitute for reading the original research, nor as a substitute for the knowledge, skill and judgment of the medical provider. This list is subject to change. Visit the CVS Specialty [Stelara and Biosimilars for Stelara Drug List](#) for select FDA-approved specialty medications.

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