UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1496-1
Program	Prior Authorization/Non-Formulary
Medications	Brand Stelara
P&T Approval Date	10/2025
Effective Date	11/16/2025

1. Background:

This program requires the provider to validate that the member is not an appropriate candidate for Stelara biosimilars.

2. Coverage Criteria:

A. Brand Stelara

1. **Brand Stelara** may be approved based on **one** of the following criteria:

   a. Submission of medical records documenting patient allergy or demonstrated intolerance to the inactive ingredients in **all** of the following:

      (1) Steqeyma
      (2) Wezlana
      (3) Yesintek

-OR-

   b. **Both** of the following:

      (1) Submission of medical records documenting patient has previously been successfully treated with brand Stelara

-AND-

      (2) Submission of medical records documenting patient has tried **two** of the following biosimilars for at least 6 weeks per product and saw a decrease in effectiveness:

         (a) Steqeyma
         (b) Wezlana
         (c) Yesintek

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

N/A

Program	Prior Authorization/Non-Formulary – Brand Stelara
Change Control	
10/2025	New program