

## PRIOR AUTHORIZATION POLICY

**POLICY:** Inflammatory Conditions – Tremfya Subcutaneous Prior Authorization Policy

- Tremfya<sup>®</sup> (guselkumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)

**REVIEW DATE:** 10/02/2024; selected revision 04/02/2025

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### OVERVIEW

Tremfya, an interleukin (IL)-23 blocker, is indicated for the following uses:<sup>1</sup>

- **Crohn's disease**, in adults with moderate to severe active disease.
- **Plaque psoriasis**, in adults with moderate to severe disease who are candidates for systemic therapy or phototherapy.
- **Psoriatic arthritis**, in adults with active disease (given ± a conventional synthetic disease-modifying antirheumatic drug).
- **Ulcerative colitis**, in adults with moderate to severe active disease.

### Guidelines

IL blockers are mentioned in guidelines for treatment of inflammatory conditions.

- **Crohn's Disease:** Tremfya is not addressed in current guidelines. The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).<sup>7</sup> Biologics are a treatment option in patients who have moderate to severe disease despite treatment with another agent (e.g., corticosteroid, thiopurine, methotrexate, or tumor necrosis factor inhibitors). Guidelines from the American Gastroenterological Association (AGA 2021) include biologics among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.<sup>8</sup>
- **Plaque Psoriasis:** Joint guidelines from the American Academy of Dermatology and National Psoriasis Medical Board (2019) have been published for management of psoriasis with biologics.<sup>2</sup> These guidelines list Tremfya as a monotherapy treatment option for patients with moderate to severe plaque psoriasis. It is recommended that a response to therapy be ascertained after 12 weeks of continuous therapy. Guidelines from the European Dermatology Forum (2015) recommend biologics (i.e., etanercept, adalimumab, infliximab, Stelara<sup>®</sup> [ustekinumab subcutaneous injection]) as second-line therapy for induction and long-term treatment if phototherapy and conventional systemic agents have failed, are contraindicated, or are not tolerated.<sup>3</sup>
- **Psoriatic Arthritis:** Guidelines from the American College of Rheumatology/National Psoriasis Foundation (2018) were published prior to approval of Tremfya for psoriatic arthritis. However, these guidelines generally recommend tumor necrosis factor (TNF) inhibitors as the first-line treatment strategy over other biologics (e.g., IL-17 blockers, IL-12/23 inhibitor) with differing mechanisms of action.<sup>4</sup>
- **Ulcerative colitis (UC):** Current guidelines do not address the use of Tremfya for UC. The American Gastroenterological Association (2020) and the American College of Gastroenterology (2019) have clinical practice guidelines on the management of moderate to severe UC and make recommendations for the use of biologics for induction and maintenance of remission in adults.<sup>5,6</sup> Generally TNF inhibitors, Entyvio<sup>®</sup> (vedolizumab intravenous infusion/subcutaneous injection), Stelara<sup>®</sup> (ustekinumab intravenous infusion/subcutaneous injection), or Xeljanz<sup>®</sup>/Xeljanz<sup>®</sup> XR (tofacitinib tablets, tofacitinib extended-release tablets), are recommended for induction treatment of moderate to severe disease (strong recommendations, moderate quality of evidence). The guidelines also recommend that any drug that effectively treats induction should be continued for maintenance.

### POLICY STATEMENT

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Prior Authorization is recommended for prescription benefit coverage of Tremfya. All approvals are for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Tremfya as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Tremfya to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

## RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Tremfya is recommended in those who meet one of the following criteria:

### FDA-Approved Indications

1. **Crohn's Disease.** Approve for the duration noted if the patient meets ONE of the following (A or B):
    - A) **Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
      - i. Patient is  $\geq$  18 years of age; AND
      - ii. Patient meets ONE of the following (a, b, c, or d):
        - a) Patient has tried or is currently taking corticosteroids, or corticosteroids are contraindicated in this patient; OR  
Note: Examples of corticosteroids are prednisone or methylprednisolone.
        - b) Patient has tried one other conventional systemic therapy for Crohn's disease; OR  
Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. An exception to the requirement for a trial of or contraindication to steroids or a trial of one other conventional systemic agent can be made if the patient has already tried at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for Crohn's disease. A trial of mesalamine does not count as a systemic agent for Crohn's disease.
        - c) Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
        - d) Patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND
      - iii. The medication is prescribed by or in consultation with a gastroenterologist; OR
    - B) **Patient is Currently Receiving Tremfya Subcutaneous.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
      - i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
      - ii. Patient meets at least ONE of the following (a or b):
        - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Tremfya); OR  
Note: Examples of objective measures include fecal markers (e.g., fecal lactoferrin, fecal calprotectin), serum markers (e.g., C-reactive protein), imaging studies (magnetic resonance enterography, computed tomography enterography), endoscopic assessment, and/or reduced dose of corticosteroids.
        - b) Compared with baseline (prior to initiating Tremfya), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or blood in stool.
  2. **Plaque Psoriasis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
    - A) **Initial Therapy.** Approve for 3 months if the patient meets ALL of the following (i, ii, and iii):
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- 4. Ulcerative Colitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
- A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, iii, and iv):
- i.** Patient is  $\geq 18$  years of age; AND
  - ii.** According to the prescriber, the patient will receive three induction doses with Tremfya intravenous within 3 months of initiating therapy with Tremfya subcutaneous; AND
  - iii.** Patient meets ONE of the following (a or b):
    - a)** Patient has had a trial of one systemic agent for ulcerative colitis; OR  
Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone, methylprednisolone. A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. A trial of one biologic other than the requested drug also counts as a trial of one systemic agent for ulcerative colitis. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for ulcerative colitis.
    - b)** Patient meets BOTH of the following [(1) and (2)]:
      - (1)** Patient has pouchitis; AND
      - (2)** Patient has tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema; AND  
Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema.
  - iv.** The medication is prescribed by or in consultation with a gastroenterologist; OR
- B) Patient is Currently Receiving Tremfya Subcutaneous.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i.** Patient has been established on the requested drug for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with the requested drug is reviewed under criterion A (Initial Therapy).
  - ii.** Patient meets at least ONE of the following (a or b):
    - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of assessment for inflammatory response include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.
    - b)** Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding.

#### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Tremfya is not recommended in the following situations:

- 1. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.  
Note: This does NOT exclude the use of conventional synthetic disease-modifying antirheumatic drugs (e.g., methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine) in combination with this medication.
  - 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.
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**REFERENCES**

1. Tremfya® subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech/Johnson & Johnson March 2025.
2. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol.* 2019;80(4):1029-1072.
3. Nast A, Gisondi P, Ormerod AD, et al. European S3-Guidelines on the systemic treatment of psoriasis vulgaris – Update 2015 – Short version – EDF in cooperation with EADV and IPC. *J Eur Acad Dermatol Venereol.* 2015;29(12):2277-2294.
4. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation guideline for the treatment of psoriatic arthritis. *Arthritis Rheumatol.* 2019;71(1):5-32.
5. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol.* 2019;114(3):384-413.
6. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterology.* 2020 Apr;158(5):1450-1461.
7. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG clinical guideline: management of Crohn's disease in adults. *Am J Gastroenterol.* 2018;113(4):481-517.
8. Feuerstein JD, Ho EY, Shmidt E, et al. AGA clinical practice guidelines on the medical management of moderate to severe luminal and perianal fistulizing Crohn's disease. *Gastroenterology.* 2021;160(7):2496-2508.

**HISTORY**

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	08/23/2022
Selected Revision	<b>Plaque Psoriasis:</b> For a patient currently taking Tremfya, the timeframe for established on therapy was changed from 90 days to 3 months.	03/27/2024
Selected Revision	<b>Plaque Psoriasis:</b> In the Note, psoralen plus ultraviolet A light (PUVA) was removed from the examples of traditional systemic therapies. An additional Note was added that a 3-month trial of PUVA counts as a traditional systemic therapy. <b>Psoriatic Arthritis:</b> For initial approvals, a requirement that the patient is ≥ 18 years of age was added. <b>Conditions Not Recommended for Approval:</b> Concurrent use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug was changed to as listed (previously oral small molecule drug was listed as Disease-Modifying Antirheumatic Drug).	09/11/2024
Annual Revision	Policy name was changed to as listed (previously was Inflammatory Conditions – Tremfya). <b>Ulcerative Colitis:</b> This new condition of approval was added to the policy.	10/02/2024
Selected Revision	<b>Crohn's Disease:</b> This new condition of approval was added to the policy.	04/02/2025

**APPENDIX**

	<b>Mechanism of Action</b>	<b>Examples of Indications*</b>
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia<sup>®</sup></b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
<b>Infliximab IV Products</b> (Remicade <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Zymfentra<sup>®</sup></b> (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Simponi<sup>®</sup>, Simponi Aria<sup>®</sup></b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC IV formulation: AS, PJIA, PsA, RA
<b>Tocilizumab Products</b> (Actemra <sup>®</sup> IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA IV formulation: PJIA, RA, SJIA
<b>Kezara<sup>®</sup></b> (sarilumab SC injection)	Inhibition of IL-6	RA
<b>Orencia<sup>®</sup></b> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan <sup>®</sup> , biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret<sup>®</sup></b> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Omvoh<sup>®</sup></b> (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	CD, UC
<b>Ustekinumab Products</b> (Stelara <sup>®</sup> IV, biosimilars, Stelara SC, biosimilars)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
<b>Siliq<sup>®</sup></b> (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx<sup>®</sup></b> (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
<b>Taltz<sup>®</sup></b> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Bimzelx<sup>®</sup></b> (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	AS, nr-axSpA, PsO, PsA
<b>Ilumya<sup>®</sup></b> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi<sup>®</sup></b> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC IV formulation: CD, UC
<b>Tremfya<sup>®</sup></b> (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC IV formulation: CD, UC
<b>Entyvio<sup>®</sup></b> (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs</b>		
<b>Otezla<sup>®</sup></b> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo<sup>™</sup></b> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant<sup>®</sup></b> (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
<b>Litfulo<sup>®</sup></b> (ritlecitinib capsules)	Inhibition of JAK pathways	AA
<b>Leqselvi<sup>®</sup></b> (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
<b>Rinvoq<sup>®</sup></b> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
<b>Rinvoq<sup>®</sup> LQ</b> (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
<b>Sotyktu<sup>®</sup></b> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz<sup>®</sup></b> (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz<sup>®</sup> XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
<b>Zeposia<sup>®</sup></b> (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
<b>Velsipity<sup>®</sup></b> (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

\* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.