

**Tremfya (guselkumab)  
Effective January 1, 2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indication

Treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy

All other indications are considered experimental/investigational and are not a covered benefit.

### Coverage Guidelines

#### Moderate to severe plaque psoriasis

1. Authorization may be granted for members who are currently receiving treatment with Tremfya, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

2. Authorization may be granted for treatment of moderate to severe plaque psoriasis when all the following criteria are met:
  - a. Member has had a documented inadequate response or intolerable adverse event with ALL the preferred products (Cosentyx, Enbrel, Humira, Otezla, Skyrizi and Stelara) unless there is a documented clinical reason to avoid these products.
  - b. At least 5% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.

- c. Member meets any of the following criteria:
  - Member has experienced an inadequate response or adverse reaction to TWO conventional therapies in any one of the following combinations:
    - 1 topical agent + 1 systemic agent (methotrexate, acitretin or cyclosporine)
    - 1 topical agent + 1 phototherapy (e.g., UVB, PUVA)
    - 1 systemic agent + 1 phototherapy (e.g., UVB, PUVA)
    - 2 systemic agents
  - Member has a clinical reason to avoid ALL conventional therapies (topical agents, phototherapy and systemic agents). See Appendix.
  - Member has severe psoriasis that warrants a biologic DMARD as first-line therapy.

**Continuation of Therapy**

Reauthorization may be granted for all members (including new members) who meet all initial authorization criteria and achieve or maintain positive clinical response after at least 4 months of therapy with Tremfya as evidenced by low disease activity or improvement in signs and symptoms of the condition.

**Limitations**

1. Approvals will be granted for 24 months
2. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).
  - a. Note: Members who have received Tremfya or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.
3. The following quantity limits apply:

Tremfya 100mg/ml (pen-injector)	100 mg (1 ml) every 8 weeks
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**Appendix**

**Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin**

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Cannot be used due to risk of treatment-related toxicity
4. Drug interaction
5. Pregnancy or planning pregnancy (male or female)
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

**References**

1. Tremfya [package insert]. Horsham, PA: Janssen Biotech, Inc.; October 2017.
2. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 4: Guidelines of care for the management and treatment of psoriasis with traditional systemic agents. *J Am Acad Dermatol.* 2009; 61:451-485.



3. Reich K, Armstrong, AW, Foley P, et al. Efficacy and safety of guselkumab, an anti-interleukin-23 monoclonal antibody, compared with adalimumab for the treatment of patients with moderate to severe psoriasis with randomized withdrawal and retreatment: Results from the phase III, double-blind, placebo- and active comparator–controlled VOYAGE 2 trial. *Am J Clin Dermatol.* 2017;76(3):418-431.
4. Blauvelt A, Papp KA, Griffiths, CEM, et al. Efficacy and safety of guselkumab, an anti-interleukin-23 monoclonal antibody, compared with adalimumab for the continuous treatment of patients with moderate to severe psoriasis: Results from the phase III, double-blinded, placebo- and active comparator-controlled VOYAGE 1 trial. *Am J Clin Dermatol.* 2017;76(3):405-417.
5. Langley RG, Tsai TF, Flavin S, et al. Efficacy and safety of guselkumab in patients with psoriasis who have an inadequate response to ustekinumab: results of the randomized, double-blind, phase III NAVIGATE trial. *Br J Dermatol* 2018; 178:114.

### **Review History**

02/26/18 – Reviewed

06/01/18 – Implemented

02/20/19 – Updated

11/20/19 – Added Skyrizi as a preferred trial for PS

### **Disclaimer**

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