



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 1230-7
Program	Prior Authorization/Notification
Medication	Tremfya® (guselkumab)
P&T Approval Date	9/2017, 9/2018, 9/2019, 9/2020, 9/2021, 9/2022, 7/2023
Effective Date	10/1/2023; Oxford only: N/A

**1. Background:**

Tremfya (guselkumab) is an interleukin-23 blocker indicated for the treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. Tremfya is also indicated for the treatment of adult patients with active psoriatic arthritis.

**2. Coverage Criteria<sup>a</sup>:**

**A. Plaque Psoriasis**

**1. Initial Authorization**

a. Tremfya will be approved based on **both** of the following criteria:

- (1) Diagnosis of moderate to severe plaque psoriasis

**-AND-**

- (2) Patient is not receiving Tremfya in combination with another targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orenzia (abatacept), adalimumab, Stelara (ustekinumab), Skyrizi (risankizumab), Cosentyx (secukinumab), Taltz (ixekizumab), Siliq (brodalumab), Ilumya (tildrakizumab), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Otezla (apremilast)]

**Authorization will be issued for 12 months.**

**2. Reauthorization**

a. Tremfya will be approved based on **both** of the following criteria:

- (1) Documentation of positive clinical response to Tremfya therapy

**-AND-**

- (2) Patient is not receiving Tremfya in combination with another targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orenzia (abatacept), adalimumab, Stelara (ustekinumab), Skyrizi (risankizumab), Cosentyx (secukinumab), Taltz (ixekizumab), Siliq (brodalumab), Ilumya (tildrakizumab), Xeljanz

(tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Otezla (apremilast)]

**Authorization will be issued for 12 months.**

**B. Psoriatic Arthritis**

**1. Initial Authorization**

a. Tremfya will be approved based on **both** of the following criteria:

(1) Diagnosis of active psoriatic arthritis

**-AND-**

(2) Patient is not receiving Tremfya in combination with another targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orenzia (abatacept), adalimumab, Stelara (ustekinumab), Skyrizi (risankizumab), Cosentyx (secukinumab), Taltz (ixekizumab), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Otezla (apremilast)]

**Authorization will be issued for 12 months.**

**2. Reauthorization**

a. Tremfya will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Tremfya therapy

**-AND-**

(2) Patient is not receiving Tremfya in combination with another targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orenzia (abatacept), adalimumab, Stelara (ustekinumab), Skyrizi (risankizumab), Cosentyx (secukinumab), Taltz (ixekizumab), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Otezla (apremilast)]

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**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, Step Therapy, and/or Medical Necessity may be in place.

**4. Reference:**

1. Tremfya [package insert]. Horsham, PA: Janssen Biotech Inc.; July 2020.

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<b>Change Control</b>	
9/2017	New program
9/2018	Annual review. No changes.
9/2019	Annual review. No changes.
9/2020	Annual review. Changed psoriasis reauthorization duration to 12 months. Added review criteria for psoriatic arthritis. Updated background and reference.
9/2021	Annual review with no change to coverage criteria.
9/2022	Annual review with no change to coverage criteria. Added Rinvoq to examples of JAK inhibitors. Added state mandate footnote.
7/2023	Updated not receiving in combination language to targeted immunomodulator and updated examples.