Tremfya® (guselkumab)
Subcutaneous Injection

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated, GHI HMO Select, ConnectiCare, Inc., ConnectiCare Insurance Company, Inc. ConnectiCare Benefits, Inc., and ConnectiCare of Massachusetts, Inc. related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Tremfya is indicated for the treatment of moderate-to-severe plaque psoriasis in patients who are candidates for systemic therapy or phototherapy [1]. In 3 randomized trials, TREMFYA was more effective in inducing a clinical response in the treatment of adults with moderate to severe plaque psoriasis compared with placebo or adalimumab in the VOYAGE 1 and VOYAGE 2 trials [2][3], and in patients who had not achieved an adequate response with ustekinumab in the NAVIGATE trial.

Guideline

TREMFYA is administered by the patient by subcutaneous injection and covered under the patient’s pharmacy benefit. Therefore, TREMFYA is not considered a medical benefit.

Limitations/Exclusions

TREMFYA is considered a covered pharmacy benefit for all FDA approved indications, and is therefore not covered under the medical benefit.
### Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1628</td>
<td>Injection, guselkumab, 1 mg</td>
</tr>
</tbody>
</table>

### Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L40.0</td>
<td>Psoriasis vulgaris</td>
</tr>
</tbody>
</table>

### References