

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Guselkumab Subcutaneous 100 mg (Tremfya Subcutaneous 100 mg)

#### Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
  - Phototherapy – 8 weeks
  - Systemic non-biologics for psoriasis – 6 weeks
  - Methotrexate for psoriatic arthritis – 3 months
  - Biologics – 12 weeks
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Formulary **guselkumab subcutaneous 100 mg (Tremfya Subcutaneous 100 mg)** will be covered on the prescription drug benefit for when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
  - Patient has failed an adequate trial^ of phototherapy (unless documented by prescriber phototherapy not appropriate)
  - Patient has failed an adequate trial^, or patient has an allergy or intolerance\* to, at least 1 of the following (or contraindication to all):
    - Methotrexate
    - Acitretin
    - Cyclosporine
  - Patient has failed an adequate trial^, or has an allergy, intolerance\*, or contraindication to an ustekinumab product (criteria based)
  - Patient has failed an adequate trial^, or has an allergy, intolerance\*, or contraindication to secukinumab (criteria based)
2. Prescriber is a dermatologist or a rheumatologist and patient has a diagnosis of psoriatic arthritis
  - Patient has failed an adequate trial^, has an intolerance\* to, or has a contraindication to methotrexate (methotrexate not required if patient has dactylitis (inflammation of finger or toe) and/or enthesitis [inflammation of the entheses])
  - Patient has failed an adequate trial^, has an intolerance\*, or has a contraindication to at least 1 of the following:
    - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
    - Adalimumab product (criteria based)

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All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

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### Guselkumab Subcutaneous 100 mg (Tremfya Subcutaneous 100 mg)

- Patient has failed an adequate trial<sup>^</sup>, or has an allergy, intolerance\*, or contraindication to an ustekinumab product (criteria based)
  - Patient has failed an adequate trial<sup>^</sup>, or has an allergy, intolerance\*, or contraindication to secukinumab (criteria based)
3. Prescriber is a gastroenterologist and patient has a diagnosis of moderate to severe ulcerative colitis
- Patient has failed an adequate trial<sup>^</sup>, has an intolerance\*, or has a contraindication to the following:
    - Infliximab product
    - Ustekinumab product (criteria based)
  - Patient has received, or is scheduled to receive, 3 loading doses of guselkumab IV

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Formulary **guselkumab (Tremfya)** will be covered on the prescription drug benefit for when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
- Patient has failed treatment with, has an allergy or intolerance\* to an ustekinumab product (criteria based) OR an adalimumab product (criteria based) (or contraindication to both)
  - Patient has failed treatment with, or has an allergy, intolerance\*, or contraindication to secukinumab (criteria based)
2. Prescriber is a dermatologist or a rheumatologist and patient has a diagnosis of psoriatic arthritis
- Patient has failed treatment with, or has an allergy, intolerance\*, or contraindication to at least 1 of the following:
    - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
    - Adalimumab product (criteria based)
  - Patient has failed treatment with, or has an allergy, intolerance\*, or contraindication to an ustekinumab product (criteria based)

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### Guselkumab Subcutaneous 100 mg (Tremfya Subcutaneous 100 mg)

- Patient has failed treatment with, or has an allergy, intolerance\*, or contraindication to secukinumab (criteria based)
3. Prescriber is a gastroenterologist and patient has a diagnosis of moderate to severe ulcerative colitis
    - Patient is currently stable on guselkumab

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