

Medical Policy:

Tremfya (guselkumab) subcutaneous injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.115	January 2, 2024	January 1, 2020

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

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. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. 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 may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. 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) and active psoriatic arthritis. Guselkumab is a human monoclonal IgG1λ antibody that selectively binds to the p19 subunit of interleukin 23 (IL-23) and inhibits its interaction with the IL-23 receptor. IL-23 is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Guselkumab inhibits the release of proinflammatory cytokines and chemokines.

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

Code	Description
J1628	Injection, guselkumab, 1 mg

ICD-10 Diagnoses

Code	Description
L40.0	Psoriasis vulgaris
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.59	Other psoriatic arthropath

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: updated indications and ICD-10 codes
EmblemHealth & ConnectiCare	5/02/2023	Annual Review: no changes
EmblemHealth & ConnectiCare	1/17/2023	Transfer to New Template
EmblemHealth & ConnectiCare	1/1/2020	New Policy

References

1. Product Information: TREMFYA[®] subcutaneous injection, guselkumab subcutaneous injection. Janssen Biotech, Inc (per FDA), Horsham, PA, 2019.