

**POLICY:** Inflammatory Conditions – Tremfya Intravenous Utilization Management Medical Policy

- Tremfya® (guselkumab intravenous infusion – Janssen Biotech/Johnson & Johnson)

**EFFECTIVE DATE:** 2/1/2025

**LAST REVISION DATE:** 10/02/2024

**COVERAGE CRITERIA FOR:** All Aspirus Plans

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**OVERVIEW**

Tremfya intravenous (IV), a monoclonal antibody against the p19 subunit of the interleukin (IL)-23 cytokine, is indicated for **induction treatment of ulcerative colitis (UC)**, in adults with moderate to severe active disease.<sup>1</sup>

In UC, a three-dose induction regimen (200 mg at Weeks 0, 4, and 8) is administered by IV infusion.<sup>1</sup> Following induction therapy with the IV product, the recommended maintenance dose is Tremfya subcutaneous (SC) injection, given as:

- 100 mg SC administered at Week 16, then once every 8 weeks thereafter; OR
- 200 mg SC administered at Week 12, then once every 4 weeks thereafter.

The lowest effective dose is recommended to maintain a therapeutic response.

**Guidelines**

Current guidelines do not address the use of Tremfya for UC. The American Gastroenterological Association (2020) and the American College of Gastroenterology (2019) have clinical practice guidelines on the management of moderate to severe UC and make recommendations for the use of biologics for induction and maintenance of remission in adults.<sup>2,3</sup> Generally TNF inhibitors, Entyvio® (vedolizumab IV infusion/SC injection), Stelara® (ustekinumab IV infusion/SC injection), or Xeljanz®/Xeljanz® XR (tofacitinib tablets, tofacitinib extended-release tablets) are recommended for induction treatment of moderate to severe disease (strong recommendations, moderate quality of evidence). The guidelines also recommend that any drug that effectively treats induction should be continued for maintenance.

**POLICY STATEMENT**

Prior Authorization is recommended for medical benefit coverage of Tremfya IV. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-

by-case basis by a clinician (i.e., Medical Director or Pharmacist). Because of the specialized skills required for evaluation and diagnosis of patients treated with Tremfya IV as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Tremfya IV to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for three months, which is an adequate duration for the patient to receive three doses.

**Automation:** None.

#### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Tremfya IV is recommended in those who meet the following criteria:

#### **FDA-Approved Indication**

1. **Ulcerative Colitis.** Approve three doses for induction if the patient meets the following (A, B, C, and D):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) The medication will be used as induction therapy; AND
  - C) Patient meets ONE of the following (i or ii):
    - i. Patient has tried one systemic therapy; OR  
Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone. A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. A trial of one biologic other than the requested medication also counts as a trial of one systemic agent for ulcerative colitis. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for ulcerative colitis.
    - ii. Patient meets BOTH of the following (a and b):
      - a) Patient has pouchitis; AND
      - b) Patient has tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema; AND  
Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema.
  - D) The medication is prescribed by or in consultation with a gastroenterologist.

**Dosing:** Approve 200 mg as an intravenous infusion administered at Weeks 0, 4, and 8.

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#### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Tremfya IV is not recommended in the following situations:

**1. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.**

This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.

Note: This does NOT exclude the use of conventional synthetic disease-modifying antirheumatic drugs (e.g., methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine) in combination with this medication.

- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**REFERENCES**

1. Tremfya<sup>®</sup> intravenous infusion, subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech/Johnson & Johnson; September 2024.
2. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol*. 2019;114(3):384-413.
3. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterology*. 2020 Apr;158(5):1450-1461.

**HISTORY**

Type of Revision	Summary of Changes	Review Date
New Policy	-	10/02/2024
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	12/16/2024

**APPENDIX**

	Mechanism of Action	Examples of Indications*
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia<sup>®</sup></b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
<b>Infliximab IV Products</b> (Remicade <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Zyffentra<sup>®</sup></b> (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Simponi<sup>®</sup>, Simponi Aria<sup>®</sup></b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
<b>Tocilizumab Products</b> (Actemra <sup>®</sup> IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
<b>Kevzara<sup>®</sup></b> (sarilumab SC injection)	Inhibition of IL-6	RA

<b>Orencia</b> <sup>®</sup> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan <sup>®</sup> , biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret</b> <sup>®</sup> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Omvoh</b> <sup>®</sup> (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	UC
<b>Stelara</b> <sup>®</sup> (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
<b>Siliq</b> <sup>®</sup> (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx</b> <sup>®</sup> (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
<b>Taltz</b> <sup>®</sup> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Bimzelx</b> <sup>®</sup> (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
<b>Ilumya</b> <sup>®</sup> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi</b> <sup>®</sup> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC IV formulation: CD, UC
<b>Tremfya</b> <sup>®</sup> (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: PsA, PsO, UC IV formulation: UC
<b>Entyvio</b> <sup>®</sup> (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs</b>		
<b>Otezla</b> <sup>®</sup> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo</b> <sup>™</sup> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant</b> <sup>®</sup> (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
<b>Litfulo</b> <sup>®</sup> (ritlecitinib capsules)	Inhibition of JAK pathways	AA
<b>Leqselvi</b> <sup>®</sup> (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
<b>Rinvoq</b> <sup>®</sup> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
<b>Rinvoq LQ</b> (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
<b>Sotyktu</b> <sup>®</sup> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz</b> <sup>®</sup> (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
<b>Zeposia</b> <sup>®</sup> (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
<b>Velsipity</b> <sup>®</sup> (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

\* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; <sup>^</sup> Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.