Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

guselkumab (Tremfya)

Initiation (new start) criteria: Non-Formulary guselkumab (Tremfya) will be covered on the prescription drug benefit for when the following criteria are met:

- Documented diagnosis of psoriasis on problem list -AND-
- Prescriber is a Dermatologist -AND-
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to 3 of the following:
  - methotrexate
  - phototherapy
  - cyclosporine
  - acitretin
  - apremilast (Otezla)
  -AND-
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to 1 of the following:
  - adalimumab (Humira)
  - etanercept (Enbrel)
  - infliximab product
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to the following:
  - secukinumab (Cosentyx)

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:

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

- Documented diagnosis of psoriasis on problem list -AND-
- Prescriber is a Dermatologist -AND-
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to 3 of the following:
  - methotrexate
  - phototherapy
  - cyclosporine
  - acitretin
  - apremilast (Otezla)
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to 1 of the following:
  - adalimumab (Humira)
  - etanercept (Enbrel)
  - infliximab product
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to the following:
  - secukinumab (Cosentyx)

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation