



Coverage Policy Number NPF240

Drug Quantity Management – Per Days Guselkumab injection (Tremfya®) Duration Limit

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Related Coverage Resources

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The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

NPF Medical Necessity

Tremfya 100 mg/ml Individual-Controlled injector

Maximum quantity per 56 days = 1 injector

Tremfya 100 mg/ml Prefilled syringe

Maximum quantity per 56 days = 1 syringe

A quantity of one 100 mg prefilled syringe or autoinjector every 56 days will be allowed without coverage review. This is enough drug for a 56-day supply of 100 mg every 8 weeks. Exceptions are allowed for individuals receiving induction dosing.

The objective of this program is to manage potential premature dose escalation of Tremfya in the treatment of PsO and PsA.

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:

All approvals are provided as noted below. Authorization for additional quantities of Tremfya individual-controlled injectors or prefilled syringes is recommended in those who meet the following criteria:

Tremfya 100 mg/ml prefilled prefilled syringe or individual-controlled injector

1. For individuals initiating treatment for plaque psoriasis (PsO) or psoriatic arthritis (PsA), verified by the absence of claims for Tremfya in the past 130 days, a one-time override of 2 x 100 mg prefilled syringes or individual-controlled injectors may be approved.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview

Tremfya is indicated for treatment of adults with moderate to severe plaque psoriasis (PsO) who are candidates for systemic therapy or phototherapy or for patients with active psoriatic arthritis (PsA).

Dosing

In plaque psoriasis or psoriatic arthritis, the recommended dose is 100 mg subcutaneously (SC) at Weeks 0 and 4 and then once every 8 weeks (Q8W) thereafter. Tremfya is intended for use under the guidance and supervision of a physician. Those trained in SC injection technique using the pen or prefilled syringe may self-inject when deemed appropriate.

References

1. Tremfya® [prescribing information]. Horsham, PA: Janssen Biotech, Inc; July 2020.

Revision History

Type of Revision	Summary of Changes	Date
Annual Revision	Clarification of lookback period to be verified through claim history for override criteria for Tremfya. Reviewed and approved at TAC.	02/17/2021

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