TREMFYA® PRIOR AUTHORIZATION CHECKLIST

Reminders and Tips When Completing Prior Authorizations for Your Patients

Each health plan may have its own unique prior authorization (PA) form with varying requirements. It is important to gather necessary information during the patient's first appointment to ensure an effective process with minimal delays.

Consider gathering the following information to assist when completing PA forms:

Patient Information

☐ **Patient Insurance Information**
- Copy of the patient's prescription card (front and back)
- Copy of the patient's health insurance card (front and back)

☐ **Patient Contact Information (phone and email preferred)**

Patient Diagnosis/Clinical Information

☐ **ICD-10 code**
- L40.0 (Plaque Psoriasis)
- L40.50 (Psoriatic Arthritis)

☐ **Clinical Justification for Requested Medication**

☐ **Supporting Clinical Information**
- Lab Results and Dates
- Diagnostic Images and/or Photographs of Affected Areas

☐ **Labs, Lab Dates, and Risk of Chronic Disease Including:**
- Tuberculosis (TB)
- Hepatitis B (HBV)

☐ **Patient Medication History (including treatments from previous healthcare providers):**
- Duration of Therapy (including conventional therapy)
- Clinical Response
- Allergy
- Strength
- Schedule

☐ **Supporting Clinical Information for Moderate to Severe Plaque Psoriasis**
- Psoriasis Area and Severity Index (PASI)/IGA Score
- % Body Surface Area Coverage
- Disease Severity
- Is This the Patient's First Trial of a Biologic?

☐ **Supporting Clinical Information for Active Psoriatic Arthritis**
- PASI/IGA Score
- % Body Surface Area Coverage
- Disease Severity
- Number of Swollen and/or Tender Joints
- Number of Tender Areas Other Than Joints (ie, enthesitis)
- Number of Entire Fingers or Toes Swollen (ie, dactylitis)
- Patient Comorbidities That Could Serve as Contraindications to Certain Other Treatments (if applicable)
- Is This the Patient's First Trial of a Biologic?

Codes are supplied for informational purposes only and represent no statement, promise, or guarantee that reimbursement will be made. Information provided is not intended to increase or maximize reimbursement.

Other Supporting Documentation You Might Need

☐ **Letter of Medical Necessity**
- Visit https://www.janssencarepath.com/hcp/tremfya and look under the Forms and Documents drop-down for a sample letter
- For expedited requests, adequate information should be provided to support the urgent nature of the request

☐ **Patient Authorization and Notice of Release of Information**

☐ **Product Full Prescribing Information, Peer-reviewed Journal Articles, or Clinical Guidelines**

Janssen CarePath We Can Help Make It Simple For You To Help Your Patients

Janssen CarePath is your one source for access, affordability, and treatment support for your patients. Janssen CarePath helps verify insurance coverage for your patients, provides reimbursement information, helps find financial assistance options for eligible patients, and provides ongoing support to help patients start and stay on TREMFYA® that you prescribed.

Call a Janssen CarePath Care Coordinator at 877-CarePath (877-227-3728), Monday-Friday, 8:00 AM to 8:00 PM ET.
Sign Up or Log In to the Provider Portal at JanssenCarePathPortal.com
Visit JanssenCarePath.com

SELECTED IMPORTANT SAFETY INFORMATION

TREMFYA® is contraindicated in patients with a history of serious hypersensitivity reaction to guselkumab or to any of the excipients. Serious hypersensitivity reactions, including anaphylaxis, have been reported. TREMFYA® may increase the risk of infection. Instruct patients to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a clinically important or serious infection develops, discontinue TREMFYA® until infection resolves. Evaluate for tuberculosis before treating with TREMFYA®. Avoid use of live vaccines in patients treated with TREMFYA®. Please see related and other Important Safety Information on the following page.

Tremfya® (guselkumab)

Janssen Immunology
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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

TREMFYA® (guselkumab) is contraindicated in patients with a history of serious hypersensitivity reaction to guselkumab or to any of the excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylaxis, have been reported with postmarket use of TREMFYA®. Some cases required hospitalization. If a serious hypersensitivity reaction occurs, discontinue TREMFYA® and initiate appropriate therapy.

Infections

TREMFYA® may increase the risk of infection. Treatment with TREMFYA® should not be initiated in patients with a clinically important active infection until the infection resolves or is adequately treated.

Consider the risks and benefits of treatment prior to prescribing TREMFYA® in patients with a chronic infection or a history of recurrent infection. Instruct patients receiving TREMFYA® to seek medical help if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops a clinically important or serious infection, or is not responding to standard therapy, closely monitor and discontinue TREMFYA® until the infection resolves.

Pre-Treatment Evaluation for Tuberculosis (TB)

Evaluate patients for TB infection prior to initiating treatment with TREMFYA®. Initiate treatment of latent TB prior to administering TREMFYA®. Monitor patients for signs and symptoms of active TB during and after TREMFYA® treatment. Do not administer TREMFYA® to patients with active TB infection.

Immunizations

Prior to initiating TREMFYA®, consider completion of all age-appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with TREMFYA®.

ADVERSE REACTIONS

Most common (≥1%) adverse reactions associated with TREMFYA® include upper respiratory infections, headache, injection site reactions, arthralgia, bronchitis, diarrhea, gastroenteritis, tinea infections, and herpes simplex infections.

The overall safety profile observed in patients with psoriatic arthritis is generally consistent with the safety profile in patients with plaque psoriasis, with the addition of bronchitis and neutrophil count decreased.

Please read the full Prescribing Information and Medication Guide for TREMFYA®. Provide the Medication Guide to your patients and encourage discussion.

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INDICATIONS

TREMFYA® is indicated for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

TREMFYA® is indicated for the treatment of adults with active psoriatic arthritis.

DOSING

TREMFYA® is administered as a 100 mg subcutaneous injection once every 8 weeks, after starter doses at Weeks 0 and 4. In active psoriatic arthritis, TREMFYA® may be administered alone or in combination with a cDMARD (eg, methotrexate).

TREMFYA® is intended for use under the guidance and supervision of a physician. Patients may self-inject with TREMFYA® after physician approval and proper training.

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