Tremfya (guselkumab)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Plaque psoriasis is a chronic autoimmune condition characterized by the rapid buildup of skin cells, resulting in scaling on the skin's surface. Psoriatic arthritis is a form of inflammatory arthritis that affects some people with psoriasis. Ulcerative colitis is a chronic type of inflammatory bowel disease (IBD) that causes inflammation and ulcers in the digestive tract. Crohn's disease is a chronic type of IBD that causes inflammation in the digestive tract. These conditions are mediated by various inflammatory cytokines, including interleukin-23 (IL-23).

Treatment options for these conditions include topical therapies, phototherapy, conventional systemic agents, and biologic therapies. Biologic therapies target specific components of the immune system and have shown significant efficacy in managing moderate-to-severe cases.

Tremfya (guselkumab) is a human monoclonal antibody that selectively binds to the p19 subunit of IL-23, inhibiting its interaction with the IL-23 receptor. By targeting IL-23, Tremfya reduces inflammation and symptoms associated with plaque psoriasis, psoriatic arthritis, and ulcerative colitis. It is administered subcutaneously for psoriasis and psoriatic arthritis, and both intravenously and subcutaneously for ulcerative colitis. When determining dosing, use the lowest effective dosage needed to maintain therapeutic response.

Definitions

"Biologic therapy" refers to medications created from living organisms or their products, designed to target specific parts of the immune system.

"Body surface area (BSA)" is a measure of the total area involved by plaques in relation to the total body surface area. There are a number of different methods, however most clinical trials on plaque psoriasis use the "handprint method", where the patient's actual palm/hand size is estimated as 1% of BSA. The head and neck, upper extremities, trunk, and lower extremities (including buttocks) typically correspond to approximately 10%, 20%, 30% and 40% of the BSA, respectively.

"Conventional systemic agents" are traditional oral or injectable medications that affect the entire body and are used to treat widespread psoriasis, psoriatic arthritis, or ulcerative colitis.

"Enthesitis" refers to inflammation of the entheses, which are the sites where tendons, ligaments, or joint capsules insert into bone. In psoriatic arthritis, it commonly affects areas such as the heel, the bottom of the foot, and the elbow, causing pain, tenderness, and sometimes swelling at these attachment sites.

"Interleukin-23 (IL-23)" is a pro-inflammatory cytokine that plays a crucial role in the pathogenesis of psoriasis, psoriatic arthritis, and ulcerative colitis.

"Phototherapy" is the use of ultraviolet light to treat the symptoms of plaque psoriasis. It can be performed as phototherapy alone with UVB or as photochemotherapy using UVA in combination with a photosensitizing drug (PUVA).

"Plaque psoriasis" refers to a chronic autoimmune skin condition characterized by red, raised, scaly patches on the skin.

"Psoriatic arthritis" is an inflammatory form of arthritis that affects some individuals with psoriasis, causing joint pain, stiffness, and swelling.

"Ulcerative colitis" refers to a chronic inflammatory bowel disease that causes inflammation and ulcers in the lining of the large intestine (colon) and rectum.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met and appropriate documentation (*as applicable*) is provided:

1. The member meets ONE of the following:
    a. IF the request is for plaque psoriasis or psoriatic arthritis, the member is 6 years of age or older AND weighs at least 40 kg*; or*
    b. IF the request is for Crohn's Disease or Ulcerative Colitis, the member is 18 years of age or older; *AND*
2. The member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [TST] or an interferon-release assay [IGRA])* within 6 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.

- *If the screening testing for TB is positive, there must be further testing to confirm there is no active disease (e.g., chest x-ray). Do not administer Tremfya to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of Tremfya*; *AND*

3. The member is not receiving Tremfya in combination with any other biologic disease-modifying antirheumatic drug (DMARD) or targeted synthetic DMARD for the same indication; *AND*
4. The member meets the Medical Necessity Criteria for Initial Clinical Review or Medical Necessity Criteria for Subsequent Clinical Review for the applicable indication listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Crohn's Disease

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria; *AND*
6. The medication is prescribed by or in consultation with a gastroenterologist; *AND*
7. The member has a diagnosis of moderately to severely active Crohn's disease; *AND*
8. Tremfya is being prescribed according to ONE of the following FDA-approved regimens:
    a. Standard dosing (preferred):
        i. Induction - 200 mg intravenously at Week 0, Week 4, and Week 8 OR 400 mg subcutaneously at Week 0, Week 4, and Week 8, followed by
        ii. Maintenance - 100 mg subcutaneously at Week 16, and every 8 weeks thereafter.
    b. Alternative maintenance dosing - 200 mg subcutaneously every 4 weeks, IF the member has completed standard induction therapy AND meets the Crohn's Disease Maintenance Dose Escalation Criteria.

    Note: See "Crohn's Disease Maintenance Dose Escalation Criteria" section for requirements.
9. If the request is for Tremfya IV, the member is unable to use, or has tried and failed an ustekinumab IV.

If the above prior authorization criteria are met, the requested product will be authorized for 12-months.

Plaque Psoriasis

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria; *AND*
6. The medication is prescribed by or in consultation with a dermatologist; *AND*
7. The member has a diagnosis of moderate to severe plaque psoriasis; *AND*
8. The member meets ONE of the following:

a. Previously received a biologic or targeted synthetic drug (e.g., Otezla, Stelara SC, Taltz) indicated for the treatment of moderate to severe plaque psoriasis as appropriate per age; *or*
b. Crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected; *or*
c. At least 10% of body surface area (BSA) is affected; *or*
d. At least 3% of body surface area (BSA) is affected AND the member meets ONE of the following criteria:
    i. The member has had an inadequate response or intolerance to either phototherapy (e.g., UVB, PUVA) or pharmacologic treatment with methotrexate, cyclosporine, or acitretin; *or*
    ii. The member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine, and acitretin (see Appendix A); *AND*

9. Tremfya is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.
    - *100 mg subcutaneously at Week 0, Week 4, and every 8 weeks thereafter.*

<u>If the above prior authorization criteria are met, the requested product will be authorized for 12-months.</u>

<u>Psoriatic Arthritis</u>

The Plan considers <u>Tremfya (guselkumab)</u> medically necessary when ALL of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria; *AND*
6. The medication is prescribed by or in consultation with a rheumatologist or dermatologist; *AND*
7. The member has a diagnosis of active psoriatic arthritis; *AND*
8. The member meets ONE of the following:
    a. Previously received a biologic or targeted synthetic drug (e.g., Cosentyx SC, Enbrel, Otezla, Rinvoq) indicated for the treatment of active psoriatic arthritis as appropriate per age; *or*
    b. Has mild to moderate disease and meets ONE of the following:
        i. Has had an inadequate response to methotrexate, leflunomide, or another conventional synthetic drug (e.g., sulfasalazine) administered at an adequate dose and duration; *or*
        ii. Has an intolerance or contraindication to methotrexate or leflunomide (see Appendix A), or another conventional synthetic drug (e.g., sulfasalazine); *or*
        iii. Has enthesitis; *or*
    b. Has severe disease; *AND*

9. Tremfya is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.
    - *100 mg subcutaneously at Week 0, Week 4, and every 8 weeks thereafter.*

If the above prior authorization criteria are met, the requested product will be authorized for 12-months.

Ulcerative Colitis

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria; *AND*
6. The medication is prescribed by or in consultation with a gastroenterologist; *AND*
7. The member has a diagnosis of moderately to severely active ulcerative colitis; *AND*
8. Tremfya is being prescribed according to ONE of the following FDA-approved regimens:
    a. Standard dosing (preferred):
        i. Induction - 200 mg intravenously at Weeks 0, 4, and 8, followed by
        ii. Maintenance - 100 mg subcutaneously at Week 16 and every 8 weeks thereafter.
    b. Alternative maintenance dosing - 200 mg subcutaneously every 4 weeks, IF the member has completed standard induction therapy AND meets the Ulcerative Colitis Maintenance Dose Escalation Criteria.

    Note: See "Ulcerative Colitis Maintenance Dose Escalation Criteria" section for requirements.
9. If the request is for Tremfya IV, the member is unable to use, or has tried and failed an ustekinumab IV.

If the above prior authorization criteria are met, the requested product will be authorized for 12-months.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent General Medical Necessity Criteria

The Plan considers Tremfya (guselkumab) medically necessary for all members (including new members) when ALL of the following criteria are met:

1. The member meets the above applicable General Medical Necessity Criteria; *AND*
2. The member meets the Subsequent Indication-Specific Criteria for the applicable indication listed below; *AND*
3. Tremfya is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.

a. Crohn's Disease
    i. 100 mg subcutaneously every 8 weeks
    i.e., One 100 mg prefilled syringe/One-Press injector per 56 days
    ii. 200 mg subcutaneously every 4 weeks, IF the member has completed standard induction therapy AND meets the Crohn's Disease Maintenance Dose Escalation Criteria.
    i.e., with approved exception - One 200 mg prefilled syringe/pen per 28 days
    Note: See "Crohn's Disease Maintenance Dose Escalation Criteria" section for requirements.
b. Plaque Psoriasis and Psoriatic Arthritis
    i. 100 mg subcutaneously every 8 weeks
    i.e., One 100 mg prefilled syringe/One-Press injector per 56 days
c. Ulcerative Colitis
    i. 100 mg subcutaneously every 8 weeks
    i.e., One 100 mg prefilled syringe/One-Press injector per 56 days
    ii. 200 mg subcutaneously every 4 weeks, IF the member has completed standard induction therapy AND meets the Ulcerative Colitis Maintenance Dose Escalation Criteria.
    i.e., with approved exception - One 200 mg prefilled syringe/pen per 28 days
    Note: See "Ulcerative Colitis Maintenance Dose Escalation Criteria" section for requirements.

Subsequent Indication-Specific Criteria

Crohn's Disease

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

4. The member meets the above Subsequent General Medical Necessity Criteria; *AND*
5. The member has achieved or maintained remission OR has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline:
    a. Abdominal mass; *or*
    b. Abdominal pain or tenderness; *or*
    c. Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound; *or*
    d. Body weight; *or*
    e. Diarrhea; *or*
    f. Hematocrit; *or*
    g. Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI]).

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.

Plaque Psoriasis

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

4. The member meets the above Subsequent General Medical Necessity Criteria; *AND*
5. The member has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline:
    a. Improvement in signs and symptoms (e.g., itching, redness, flaking, scaling, burning, cracking, pain); *or*
    b. Reduction in body surface area (BSA) affected.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.

Psoriatic Arthritis

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

4. The member meets the above Subsequent General Medical Necessity Criteria; *AND*
5. The member has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline:
    a. C-reactive protein (CRP); *or*
    b. Dactylitis; *or*
    c. Enthesitis; *or*
    d. Functional status; *or*
    e. Number of swollen joints; *or*
    f. Number of tender joints; *or*
    g. Skin and/or nail involvement.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.

Ulcerative Colitis

The Plan considers Tremfya (guselkumab) medically necessary when ALL of the following criteria are met:

4. The member meets the above Subsequent General Medical Necessity Criteria; *AND*
5. the member has achieved or maintained remission OR has achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline:
    a. C-reactive protein (CRP); *or*

b. Endoscopic appearance of the mucosa; *or*
c. Fecal calprotectin (FC); *or*
d. Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score); *or*
e. Rectal bleeding; *or*
f. Stool frequency; *or*
g. Urgency of defecation.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.

Maintenance Dose Escalation Criteria

Indication-Specific Criteria

Crohn's Disease Maintenance Dose Escalation Criteria

Note: Dose escalation is available for Crohn's disease maintenance therapy only. Standard FDA-approved dosing applies to plaque psoriasis and psoriatic arthritis.

Tremfya (guselkumab) 200 mg subcutaneously every 4 weeks may be approved when ALL of the following are met:

1. Member has completed induction therapy; *AND*
2. Documentation of ONE of the following:
    a. Inadequate response to standard maintenance dosing after a minimum of 16 weeks, with evidence of ongoing disease activity, such as:
        i. Continued symptoms (e.g., stool frequency, diarrhea, abdominal pain); *and/or*
        ii. Elevated inflammatory markers; *and/or*
        iii. Endoscopic inflammation; *and/or*
    b. High-risk features with inadequate response:
        i. Prior biologic/JAK inhibitor failure; *and/or*
        ii. Severe disease (e.g., Crohn's Disease Activity Index [CDAI] score ≥300); *and/or*
        iii. Deep ulcers on endoscopy; *and/or*
        iv. High inflammatory burden; *AND*
3. Recent clinical documentation (within the last 90-days) is provided to support the exception request. Examples of supporting documentation include:
    a. Disease activity assessment (e.g., CDAI); *and/or*
    b. Recent endoscopy findings; *and/or*
    c. Current lab values (e.g., CRP/calprotectin); *and/or*
    d. Treatment history; *and/or*
    e. Clinical rationale for dose escalation.

Ulcerative Colitis Maintenance Dose Escalation Criteria

Note: Dose escalation is available for ulcerative colitis maintenance therapy only. Standard FDA-approved dosing applies to plaque psoriasis and psoriatic arthritis.

Tremfya (guselkumab) 200 mg subcutaneously every 4 weeks may be approved when ALL of the following are met:

1. Member has completed induction therapy; *AND*
2. Documentation of ONE of the following:
    a. Inadequate response to standard maintenance dosing after a minimum of 16 weeks, with evidence of ongoing disease activity, such as:
        i. Continued symptoms (e.g., stool frequency, bleeding); *and/or*
        ii. Elevated inflammatory markers; *and/or*
        iii. Endoscopic inflammation; *and/or*
    b. High-risk features with inadequate response:
        i. Prior biologic/JAK inhibitor failure; *and/or*
        ii. Severe disease (e.g., Modified Mayo Score ≥7); *and/or*
        iii. Deep ulcers on endoscopy; *and/or*
        iv. High inflammatory burden; *AND*
3. Recent clinical documentation (within the last 90-days) is provided to support the exception request. Examples of supporting documentation include:
    a. Disease activity assessment (e.g., Modified Mayo Score); *and/or*
    b. Recent endoscopy findings; *and/or*
    c. Current lab values (e.g., CRP/calprotectin); *and/or*
    d. Treatment history; *and/or*
    e. Clinical rationale for dose escalation.

Experimental or Investigational / Not Medically Necessary

Tremfya (guselkumab) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Any other indications not listed in the FDA-approved labeling or recognized compendia, including but not limited to rheumatoid arthritis, and ankylosing spondylitis.
- Combination therapy with other biologic agents or targeted synthetic DMARDs, due to lack of sufficient evidence supporting safety and efficacy.
- Doses or dosing schedules outside of those recommended in the FDA approved labeling OR supported by compendia or evidence-based published dosing guidelines for the requested indication.
- Pediatric members (under 18 years of age) for any indication, as safety and efficacy have not been established in this population.

Applicable Billing Codes (HCPCS/CPT Codes)

Table 1	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
J1628	Injection, guselkumab, 1 mg

Table 2	
ICD-10 codes considered medically necessary if criteria are met:	
Code	*Description*
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding

Table 2	
ICD-10 codes considered medically necessary if criteria are met:	
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (Chronic) Pancolitis Without Complications
K51.011	Ulcerative (Chronic) Pancolitis With Rectal Bleeding
K51.012	Ulcerative (Chronic) Pancolitis With Intestinal Obstruction
K51.013	Ulcerative (Chronic) Pancolitis With Fistula
K51.014	Ulcerative (Chronic) Pancolitis With Abscess
K51.018	Ulcerative (Chronic) Pancolitis With Other Complication
K51.019	Ulcerative (Chronic) Pancolitis With Unspecified Complications
K51.20	Ulcerative (Chronic) Proctitis Without Complications
K51.211	Ulcerative (Chronic) Proctitis With Rectal Bleeding
K51.212	Ulcerative (Chronic) Proctitis With Intestinal Obstruction
K51.213	Ulcerative (Chronic) Proctitis With Fistula
K51.214	Ulcerative (Chronic) Proctitis With Abscess

Table 2	
ICD-10 codes considered medically necessary if criteria are met:	
K51.218	Ulcerative (Chronic) Proctitis With Other Complication
K51.219	Ulcerative (Chronic) Proctitis With Unspecified Complications
K51.30	Ulcerative (Chronic) Rectosigmoiditis Without Complications
K51.311	Ulcerative (Chronic) Rectosigmoiditis With Rectal Bleeding
K51.312	Ulcerative (Chronic) Rectosigmoiditis With Intestinal Obstruction
K51.313	Ulcerative (Chronic) Rectosigmoiditis With Fistula
K51.314	Ulcerative (Chronic) Rectosigmoiditis With Abscess
K51.318	Ulcerative (Chronic) Rectosigmoiditis With Other Complication
K51.319	Ulcerative (Chronic) Rectosigmoiditis With Unspecified Complications
K51.40	Inflammatory Polyps Of Colon Without Complications
K51.411	Inflammatory Polyps Of Colon With Rectal Bleeding
K51.412	Inflammatory Polyps Of Colon With Intestinal Obstruction
K51.413	Inflammatory Polyps Of Colon With Fistula
K51.414	Inflammatory Polyps Of Colon With Abscess
K51.418	Inflammatory Polyps Of Colon With Other Complication
K51.419	Inflammatory Polyps Of Colon With Unspecified Complications
K51.50	Left Sided Colitis Without Complications
K51.511	Left Sided Colitis With Rectal Bleeding
K51.512	Left Sided Colitis With Intestinal Obstruction
K51.513	Left Sided Colitis With Fistula
K51.514	Left Sided Colitis With Abscess
K51.518	Left Sided Colitis With Other Complication
K51.519	Left Sided Colitis With Unspecified Complications
K51.80	Other Ulcerative Colitis Without Complications

Table 2	
ICD-10 codes considered medically necessary if criteria are met:	
K51.811	Other Ulcerative Colitis With Rectal Bleeding
K51.812	Other Ulcerative Colitis With Intestinal Obstruction
K51.813	Other Ulcerative Colitis With Fistula
K51.814	Other Ulcerative Colitis With Abscess
K51.818	Other Ulcerative Colitis With Other Complication
K51.819	Other Ulcerative Colitis With Unspecified Complications
K51.90	Ulcerative Colitis, Unspecified, Without Complications
K51.911	Ulcerative Colitis, Unspecified With Rectal Bleeding
K51.912	Ulcerative Colitis, Unspecified With Intestinal Obstruction
K51.913	Ulcerative Colitis, Unspecified With Fistula
K51.914	Ulcerative Colitis, Unspecified With Abscess
K51.918	Ulcerative Colitis, Unspecified With Other Complication
K51.919	Ulcerative Colitis, Unspecified With Unspecified Complications
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 arthropathy

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Appendix A

Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine, Acitretin, or Leflunomide

1. Alcoholism, alcohol use disorder, alcoholic liver disease, or other chronic liver disease
2. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
3. Breastfeeding
4. Elevated liver transaminases
5. History of intolerance or adverse events
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Pregnancy or currently planning pregnancy
9. Renal impairment
10. Safety and effectiveness in pediatric patients for the following:
    a. Methotrexate: pediatric use has been established for polyarticular juvenile idiopathic arthritis
    b. Cyclosporine: capsules (modified) treatment in children with juvenile rheumatoid arthritis or psoriasis below the age of 18 have not been established
    c. Acitretin: pediatric use have not been established for severe psoriasis
    d. Leflunomide: < 12 years of age have not been established for rheumatoid arthritis
11. Significant drug interaction
12. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, uncontrolled hypertension)

Table 3: Disease Severity Characteristics by Condition

<table>
<tr><th>Condition Severity</th><th>Psoriatic Arthritis</th><th>Plaque Psoriasis**</th><th>Ulcerative Colitis</th></tr>
<tr><td>Mild</td><td rowspan="2">typically characterized by involvement of fewer than 5 joints, minimal skin involvement, and minimal functional impairment</td><td>< 3% of body surface area (BSA) affected</td><td rowspan="2"></td></tr>
<tr><td>Moderate</td><td>3-10% of BSA affected</td></tr>
<tr><td>Severe</td><td>characterized by involvement of 5 or more joints, especially those in the hands and feet, significant skin involvement, and/or significant functional impairment</td><td>> 10% of BSA affected</td><td>typically characterized by frequent bowel movements (>4 per day), blood in stool, urgency, abdominal pain, and fatigue. May also include elevated inflammatory markers (e.g., C-reactive protein, fecal calprotectin) and endoscopic evidence of inflammation.</td></tr>
<tr><td colspan="4">**Note for Plaque Psoriasis**: The presence of significant symptoms, involvement of crucial areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas), or significant impact on quality of life may classify the disease as moderate to severe regardless of the percentage of BSA affected.</td></tr>
</table>

Clinical Guideline Revision / History Information

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