

Tremfya (guselkumab) — HCPCS J1628

CARECOST ESTIMATE · BILLING CHEAT SHEET

Janssen Biotech (J&J) 200 mg/20 mL IV vial · 100 mg/mL SC PFS / One-Press IV induction (IBD) + SC maintenance **Reviewed:** May 2, 2026

ASP: Q2 2026

| | | | | |
|---|---|--|---|--|
| HCPCS J1628 1 mg = 1 unit | SC DOSE 100 units 100 mg q8wk (PsO/PsA) | IV INDUCTION 200 units 200 mg wk 0/4/8 (IBD) | ADMIN CPT 96365 / 96372 IV / SC — NOT 96413 | MEDICARE ASP+6% \$67.813 /mg · \$6,781.30/100 mg |
|---|---|--|---|--|

CODES & NDC

| | |
|-------------------------|--|
| HCPCS | J1628 — "Inj., guselkumab, 1 mg" (permanent) |
| NDC IV VIAL | 57894-640-01 — 200 mg / 20 mL single-dose vial (10 mg/mL) |
| NDC SC PFS | 57894-642-02 — 100 mg / 1 mL prefilled syringe |
| NDC SC ONE-PRESS | 57894-641-02 — 100 mg / 1 mL One-Press injector |
| BENEFIT | IV induction = medical (J1628). SC: medical when clinic-admin; pharmacy when self-admin (psoriasis/PsA standard) |

ICD-10 — PSORIASIS & PSA

| CODE | FOR |
|---------------------------|--------------------------------|
| L40.0 | Plaque psoriasis (most common) |
| L40.1-L40.4, L40.8, L40.9 | Other psoriasis variants |
| L40.50-L40.59 | Arthropathic psoriasis (PsA) |
| M07.0x-M07.69 | PsA with arthropathy by site |

IV VS SC FORMULATION MATRIX

| ASPECT | IV INDUCTION | SC MAINT / PSO / PSA |
|------------|------------------------|--------------------------------------|
| Dose | 200 mg | 100 mg (PsO/PsA) or 100–200 mg (IBD) |
| Route | IV ~1 hr | SC injection |
| Admin CPT | 96365 + 96366 | 96372 |
| Indication | Crohn's / UC induction | PsO, PsA, IBD maint |
| Cadence | wk 0, 4, 8 | q8wk (PsO/PsA); q4–8wk (IBD) |

ICD-10 — IBD

| CODE | FOR |
|----------------|--|
| K50.00–K50.019 | Crohn's small intestine |
| K50.10–K50.119 | Crohn's large intestine |
| K50.80–K50.819 | Crohn's both |
| K50.90–K50.919 | Crohn's unspecified |
| K51.00–K51.919 | UC (pancolitis, proctitis, rectosigmoiditis, left-sided, etc.) |

2024 IBD approval — Crohn's + UC both covered. Document active vs in-remission.

DOSING BY INDICATION

| INDICATION | LOADING | MAINTENANCE |
|-----------------------|---------------------------|---------------------------------|
| Plaque psoriasis | 100 mg SC wk 0, 4 | 100 mg SC q8wk |
| Psoriatic arthritis | 100 mg SC wk 0, 4 | 100 mg SC q8wk |
| Crohn's (2024) | 200 mg IV wk 0/4/8 | 100–200 mg SC q4–8wk from wk 16 |
| UC (2024) | 200 mg IV wk 0/4/8 | 100–200 mg SC q4–8wk from wk 16 |

2024 IBD expansion introduced IV induction for the first time. Watch for benefit/site-of-care transitions IV → SC.

IBD BIOLOGIC CLASS COMPARISON

| DRUG | HCPCS | CLASS |
|-----------------------------|-------|-------------------------------|
| Tremfya (guselkumab) | J1628 | IL-23 (anti-p19) |
| Skyrizi (risankizumab) | J2327 | IL-23 (anti-p19) — same class |
| Stelara (ustekinumab) | J3358 | IL-12/23 (anti-p40) |
| Entyvio (vedolizumab) | J3380 | Anti-α4β7 integrin |
| Humira (adalimumab) | J0135 | Anti-TNF |
| Remicade (infliximab) | J1745 | Anti-TNF |

Step therapy: anti-TNF (Humira/Remicade) failure typically required before Tremfya for IBD. Skyrizi vs Tremfya often parity.

ADMINISTRATION & MODIFIERS

| CODE | WHEN |
|-------|---|
| 96365 | IV induction, up to 1 hr (primary, non-chemo) |
| 96366 | IV induction add-on, each additional hr |
| 96372 | Therapeutic SC injection (clinic-admin) |

NOT 96413/96415 (chemo IV) — Tremfya is non-chemo biologic

NOT 96401 (chemo SC) — use 96372

JZ required on virtually every claim (single-dose vial / PFS, no waste). JW only if true partial-vial waste.

PAYER REQUIREMENTS (MAY 2026)

| PAYER | PA | STEP / NOTES |
|-----------------------------|-------------------|--|
| UnitedHealthcare | Yes | Anti-TNF for IBD; TB screen documented |
| Aetna | Yes | Anti-TNF for IBD; site-of-care UM for IV induction |
| BCBS | Yes | Plan-specific; Skyrizi vs Tremfya often parity |
| Medicare LCDs | Indication review | On-label coverage; AGA/AAD aligned |
| CVS Cordavis / ESI Quallent | PBM steering | May steer to specific IL-23 |

MEDICARE REIMBURSEMENT (Q2 2026)

| FIELD | VALUE |
|----------------------------------|---|
| ASP + 6% | \$67.813 / mg (Apr 1 – Jun 30, 2026) |
| 100 mg SC | \$6,781.30 |
| 200 mg IV induction | \$13,562.60 |
| PsO yr-1 (~8 doses) | ~\$47,500 |
| Crohn's yr-1 (induction + maint) | ~\$80,000–\$120,000 |

SITE OF CARE

| SETTING | POS | NOTES |
|-------------------|-------|--|
| Physician office | 11 | Preferred (IV + SC) |
| AIC | 49 | Preferred for IV induction |
| HOPD | 19/22 | UM disfavored |
| Patient home (SC) | 12 | Pharmacy-benefit self-admin (PsO/PsA standard) |

PATIENT ASSISTANCE — JANSSEN CAREPATH

- **Janssen CarePath:** 1-877-CarePath (1-877-227-3728)
- **Tremfya withMe:** 1-844-639-7833 — nurse navigator, refill reminders
- **Tremfya Savings Program:** commercial copay — as little as \$5/dose (excludes federal)
- **Janssen Patient Assistance Foundation:** free drug for uninsured/underinsured
- **Foundations (Medicare):** PAN, HealthWell, Good Days — verify open funds quarterly
- Web: tremfya.com / janssencarepath.com/patient/tremfya

TB screen required pre-initiation. Document negative QuantiFERON/TST in PA submission. Treat latent TB before starting. Hard PA requirement across UHC, Aetna, BCBS.