



Individuals with Scientific or Medical Training - Survey Feedback

Purpose: This document presents feedback submitted through the 2026 survey for individuals with scientific or medical training. The table reproduces the substantive survey information provided by respondents. Survey responses reflect the experience and opinions of individual respondents and have not been independently verified by PDAB. Blank survey items are shown as “No response.”

Tremfya (*guselkumab*)

Response 1

Primary professional role	Healthcare profession involved in patient care
Years of experience treating or studying this condition	More than 10 years
Practice setting	Academic medical center
Typical role of this drug treatment	Second-line therapy
Patient population most commonly receiving this drug	Moderate
Is this drug clinically substitutable for at least one alternative?	Yes, for some patients
Compared to therapeutic alternatives, this drug provides	Substantial additional clinical benefit
Strength of evidence supporting use for its primary indication	High (multiple RCTs, guideline-supported)
Off-label use in your practice or system	Rare
Utilization management requirement typically associated with this drug (Select all that apply)	Prior authorization; Step therapy
Administrative burden relative to alternatives	Somewhat higher
Does utilization management delay patient access	Frequently



In your experience, patient out-of-pocket costs for this drug are	Similar
Have patients delayed or declined treatment due to cost?	Occasionally
Impact of patient cost on adherence	Major negative impact
Are there other impacts that cause adherence issues?	the demand for archaic step therapy, then often requiring IV infliximab instead of a bio-similar adalimumab or ustekinumab is a frustrating barrier for getting this medication
Availability of the drug when clinically needed	Occasionally delayed
If delays occur, primary cause	Payer authorization
Overall impact of this drug on health system costs	Increases costs moderately
Overall value of this drug relative to its cost	High value
From a clinical perspective, does this drug contribute to affordability concerns for patients?	No
Is there anything else you would like PDAB to know about this medication?	This medications is highly effective for psoriasis and has almost no side effects. The dosing schedule is superior to many other options leading to increased patient compliance.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Please stop requiring outdated step therapy for psoriasis patients (methotrexate, cyclosporine) and instead default to biosimilar adalimumab or ustekinumab as initial step therapy. These treatments delay patient care and cause unnecessary side effects, requiring tons of lab monitoring and additional clinic visits. Also, please stop requiring IV infliximab instead of patient self administered choices as this is creating barriers to care. Thank you



Response 2

Primary professional role	Pharmacist or pharmacy professional
Years of experience treating or studying this condition	More than 10 years
Practice setting	Specialty Pharmacy
Typical role of this drug treatment	Second-line therapy
Patient population most commonly receiving this drug	Moderate
Is this drug clinically substitutable for at least one alternative?	Yes, for most patients
Compared to therapeutic alternatives, this drug provides	Moderate additional benefit
Strength of evidence supporting use for its primary indication	High (multiple RCTs, guideline-supported)
Off-label use in your practice or system	Occasional
Utilization management requirement typically associated with this drug (Select all that apply)	Prior authorization; Step therapy; Quantity limits; Specialty pharmacy requirement
Administrative burden relative to alternatives	About the same
Does utilization management delay patient access	Sometimes
In your experience, patient out-of-pocket costs for this drug are	Similar
Have patients delayed or declined treatment due to cost?	Occasionally
Impact of patient cost on adherence	Moderate impact
Are there other impacts that cause adherence issues?	The most significant non-cost barriers include injection-related factors (needle phobia, injection site reactions, self-administration challenges), psychological factors (medication beliefs, fear of side effects, anxiety), disease-related factors (symptom remission leading to perceived non-necessity), and practical/logistical factors (forgetfulness, storage requirements, lifestyle disruption).



Availability of the drug when clinically needed	Occasionally delayed
If delays occur, primary cause	Payer authorization
Overall impact of this drug on health system costs	Increases costs moderately
Overall value of this drug relative to its cost	Moderate value
From a clinical perspective, does this drug contribute to affordability concerns for patients?	Yes
Is there anything else you would like PDAB to know about this medication?	No.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	A state cap on out-of-pocket costs for specialty drugs would likely be the most direct way to improve access to Tremfya in Oregon. It would reduce the high patient cost burden that is one of the biggest barriers to getting and staying on this medication.