



Commercial PA Criteria

Effective: January 1, 2022

Prior Authorization: Ilumya™

Products Affected: Ilumya (tildrakizumab-asmn) for subcutaneous injection

Medication Description: Ilumya, an interleukin (IL)-23 blocker, is indicated for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. It is administered subcutaneously at Weeks 0 and 4 and then once every 12 weeks thereafter

Covered Uses: Adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy

Exclusion Criteria:

1. Concurrent Use with other Biologics or with Targeted Synthetic Disease-Modifying Antirheumatic Drugs (DMARDs).

Required Medical Information:

1. Diagnosis
2. Concurrent Medications
3. Other therapies tried

Prescriber Restriction: The medication is prescribed by or in consultation with a dermatologist.

Age Restriction: 18 years and older

Coverage Duration:

Initial: 3 Months

Continuation: 1 year 12 Months

Other Criteria:

I. Initial Criteria

1. Plaque Psoriasis

Initial Therapy: Approve if the patient meets the following criteria

- A. Patient has tried at least ONE traditional systemic agent for psoriasis for at least 3 months unless intolerant; **OR**
Note: Examples include methotrexate, cyclosporine, acitretin, or psoralen plus ultraviolet A light (PUVA). An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic other than the requested medication. Women of childbearing age may be given special consideration for approval without systemic therapy when topical and phototherapy options have been tried and failed. A biosimilar

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of the requested biologic does not count. A patient who has already tried a biologic for psoriasis is not required to “step back” and try a traditional systemic agent for psoriasis.

- B. Patient has a contraindication to methotrexate, as determined by the prescriber; **AND**
- C. The medication is prescribed by or in consultation with a dermatologist **AND**
- D. Patient has a documented failure of, or intolerance to, **TWO** of the following medications

*Note: A trial of multiple adalimumab products counts as **ONE** product.*

Plaque Psoriasis (TWO of the following)
Enbrel
Adalimumab Product
Otezla
Skyrizi
Stelara SC
Taltz
Tremfya

II. Continuation Criteria

1. Plaque Psoriasis

- A. Patient has experienced a clinical response as determined by the prescribing physician; **AND**
- B. Patient has not experienced unacceptable toxicity from the drug.

References:

1. Ilumya™ injection [prescribing information]. Whitehouse Station, NJ: Sun Pharmaceuticals; October 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/8/2021
2	Update	Added Step through TWO preferred products (Enbrel, adalimumab, Otezla, Skyrizi SC, Stelara SC, Taltz or Tremfya) for Initial Criteria for Psoriasis	Other Criteria	05/11/2023
3	Update	Coverage duration updated to include initial 3 month therapy. Added Note: A trial of multiple adalimumab products counts as ONE product.	Coverage duration	12/20/23