Ilumya (tildrakizumab-asmn)  
Effective January 1, 2021

<table>
<thead>
<tr>
<th>Plan</th>
<th>☐ MassHealth</th>
<th>☒ MassHealth (PUF)</th>
<th>☐ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☒ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<tbody>
<tr>
<td>Benefit</td>
<td>☐ Pharmacy Benefit</td>
<td>☒ Medical Benefit (NLX)</td>
<td></td>
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Specialty Limitations  
N/A

<table>
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<tr>
<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<td>All Plans</td>
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Non-Specialty Medications

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<tr>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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Medical Specialty Medications (NLX)

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<tr>
<th>All Plans</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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Exceptions  
N/A

Overview
Ilumya (tildrakizumab-asmn) is an Interleukin-23 blocker indicated for:

- Treatment of moderate-to-severe plaque psoriasis

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Ilumya, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR
Authorization may be granted if the member meets ALL following criteria and documentation has been submitted:

Moderate to Severe Plaque Psoriasis
Prescriber provides documentation of ALL of the following:
1. Appropriate diagnosis
2. ONE of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE conventional therapy (see appendix A)
      i. topical agent
      ii. phototherapy
      iii. systemic agent
   b. Contraindication to ALL conventional therapies:
      i. topical agents
      ii. phototherapy
iii. systemic agents
c. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for plaque psoriasis

3. Appropriate dosing

**Continuation of Therapy**
Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

**Limitations**
1. Initial approvals will be granted for: 3 months.
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:
   - Ilumya 100mg/mL 1 injections per 84 days

<table>
<thead>
<tr>
<th>Conventional Treatment Lines</th>
<th>Agents Used</th>
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<tbody>
<tr>
<td>Topical Agents</td>
<td>emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors</td>
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<tr>
<td>Systemic Agents</td>
<td>Traditional DMARDs: methotrexate, apremilast, acitretin,</td>
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<tr>
<td>Phototherapy</td>
<td>ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)</td>
</tr>
</tbody>
</table>

**Appendix A. Conventional Therapies for Plaque Psoriasis**

**References**
1. Ilumya (tildrakizumab-asmn) [prescribing information]. Whitehouse Station, NJ: Merck & Co Inc; August 2018.

**Review History**
06/19/19 – Reviewed
11/20/19 - Added Skyrizi as required preferred product
Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.