Ilumya (tildrakizumab-asmn)
Effective 01/01/2022

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<th>Program Type</th>
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<tr>
<td>MassHealth</td>
<td>Phone: 866-433-7643</td>
<td>Fax: 866-255-7569</td>
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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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<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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**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
4. Prescriber provides clinical rationale for use of Ilumya instead of Stelara®

**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 |

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

<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>
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</tbody>
</table>

**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
11/1/2021 – Reviewed and Updated for Nov P&T; Guideline updated to reflect multiple criteria changes and appendices changes based on clinical literature. Effective 01/01/2022

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