

ILUMYA (tildrakizumab, SQ)

Diagnosis Considered for Coverage:

- Moderate to Severe Plaque Psoriasis (PsO)

Coverage Criteria:

For plaque psoriasis:

Initial Treatment

- Patient is at least 18 years old, **and**
- Prescribed or recommended by a Rheumatologist or Dermatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to PUVA or UVB treatment, or has difficulty accessing PUVA or UVB, **and**
- Inadequate response or intolerable side effect with methotrexate, cyclosporine, or acitretin (Soriatane), OR medical justification why methotrexate, cyclosporine, and acitretin (Soriatane) cannot be used, **and**
- Medical rationale why patient is unable to use two BSC-preferred agents for plaque psoriasis including: Cosentyx, Enbrel and Humira, **and**
- Not being used in combination with other targeted immunotherapies (i.e. anti-TNFs, interleukin inhibitors, Otezla), **and**
- Dose does not exceed 100 mg SQ given on week #0, #4, and every 12 weeks thereafter, **and**
- One of the following:
 - Baseline PASI score is 10 or more prior to initiating biological therapy (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
 - Baseline BSA is 3% or more prior to initiating biological therapy (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
 - Sensitive area is involved (i.e. groin, face, etc.).

Coverage Duration: 28 weeks

Reauthorization after 12 weeks therapy

- Drug will be given at home by patient or the patient's caregiver, **and**
- Patient has shown improvement in the baseline PASI (or BSA if provided on initial request) score after the end of the initial 12 week course, **and**
- Not being used in combination with other targeted immunotherapies (i.e. anti-TNFs, interleukin inhibitors, Otezla), **and**
- Dose does not exceed 100 mg given once every 12 weeks.

Coverage Duration: length of benefit