Clinical Policy Title:	tildrakizumab-asmn
Policy Number:	RxA.736
Drug(s) Applied:	Ilumya®
Original Policy Date:	04/18/2022
Last Review Date:	2/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Plaque Psoriasis (must meet all):

1. Diagnosis of Plaque Psoriasis (PsO);
2. Prescribed by or in consultation with a dermatologist or a rheumatologist;
3. Trial and failure of ≥ 3 months of at least one (1) conventional systemic therapy (methotrexate [MTX], cyclosporin, acitretin) or phototherapy (psoralen plus ultraviolet A light [PUVA]) at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
   *Exception: If one biologic DMARD that is FDA-approved for plaque psoriasis has been previously tried, then trial of a conventional systemic agent or phototherapy is not required;
4. Member meets both (a and b):
   a. Trial and failure of at least three (3) first line agents: (adalimumab-adaz, Amjevita™, Hadlima, Humira, Yusimry), Cimzia®, Enbrel®, Skyrizi®, Tremfya® or Stelara® unless contraindicated or clinically significant adverse effects are experienced;
   b. Trial and failure of Taltz® unless contraindicated or clinically significant adverse effects are experienced;

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Plaque Psoriasis (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples;

Approval Duration

All Lines of Business (except Medicare): 12 months

References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
RxA.592.Biologic_DMARDs was last reviewed and updated	01/05/2022	04/18/2022

on 01/05/2022 and archived on 04/18/2022. For details, please refer to RxA.592.Biologic_DMARDs		
Drug specific policy for Ilumya® was created based on RxA.592.Biologics_DMARDs: 1. Initial Approval Criteria, 1.A.4: Updated trial and failure criteria to rephrase and include phototherapy (psoralen plus ultraviolet A light [PUVA]). 2. Initial Approval Criteria, I.A.5 updated to remove Failure of two of the following, each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects are experienced: Cimzia®, Humira®, Inflectra®, Otezla®, Renflexis™, Skyrizi™, Stelara®, Taltz®. 3. Initial Approval Criteria, I.A.5. Updated to include Member meets both (a and b): a. Trial and failure of at least three (3) first line agents: Humira®, Cimzia®, Skyrizi®, Tremfya® or Stelara® unless contraindicated or clinically significant adverse effects are experienced; *Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required. b. Trial and failure of Taltz® unless contraindicated or clinically significant adverse effects are experienced.	02/09/2022	04/18/2022
Policy was reviewed: 1. Initial Approval Criteria, I.A.5.a: Updated trial and failure criteria to include drug Enbrel®. 2. Initial Approval Criteria, I.A.5.a: Updated to remove exception trial and failure criteria "Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required".	10/03/2022	10/19/2022
Policy was reviewed: 1. Initial Approval Criteria, I.A.5.a: Updated trial and failure criteria to include new drug Amjevita™.	04/05/2023	04/13/2023
Policy was reviewed: 1. Updated trial and failure criteria to include Humira biosimilar. 2. Updated Approval duration. 3. Removed responding positively criteria.	11/10/2023	10/19/2023
Policy reviewed: 1. Removed dose	2/1/2024	NA