



PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Ilumya Prior Authorization Policy

- Ilumya® (tildrakizumab-asmn subcutaneous injection – Sun)

REVIEW DATE: 05/10/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

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. Ilumya should be administered by a healthcare professional. Safety and efficacy have not been established in patients < 18 years of age.

Guidelines

Joint guidelines from the American Academy of Dermatology and National Psoriasis Medical Board (2019) have been published for management of psoriasis with biologics.² These guidelines list Ilumya as a monotherapy treatment option for patients with moderate to severe plaque psoriasis. Guidelines from the European Dermatology Forum (2015) recommend biologics (i.e., etanercept, adalimumab, infliximab, Stelara® [ustekinumab subcutaneous injection]) as second-line therapy for induction and long-term treatment if phototherapy and conventional systemic agents have failed, are contraindicated, or are not tolerated.³

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Ilumya. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ilumya as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Ilumya to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

• **Ilumya® (tildrakizumab-asmn subcutaneous injection – Sun) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

FDA-Approved Indication

1. Plaque Psoriasis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following criteria (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; OR

Note: Examples of one traditional systemic agent include methotrexate, cyclosporine, acitretin tablets, 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 drug. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for plaque psoriasis. 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

iii. The medication is prescribed by or in consultation with a dermatologist.

B) Patient is Currently Receiving Ilumya. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):

i. Patient has been established on therapy for at least 90 days; AND

Note: A patient who has received < 90 days of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).

ii. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating the requested drug) in at least one of the following: estimated body surface area, erythema, induration/thickness, and/or scale of areas affected by psoriasis; AND

- iii. Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased pain, itching, and/or burning.

CONDITIONS NOT COVERED

• **Ilumya® (tildrakizumab-asmn subcutaneous injection – Sun) is(are) considered experimental, investigational, or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

1. **Concurrent Use with other Biologics or with Targeted Synthetic Disease-Modifying Antirheumatic Drugs (DMARDs).** Data are lacking evaluating concomitant use of Ilumya with another biologic or with a targeted synthetic DMARD for an inflammatory condition (see [Appendix](#) for examples). Combination therapy with biologics and/or biologics + targeted synthetic DMARDs has a potential for a higher rate of adverse effects and lack controlled trial data in support of additive efficacy.⁴

Note: This does NOT exclude the use of methotrexate (a traditional systemic agent used to treat psoriasis) in combination with Ilumya.

REFERENCES

1. Ilumya [prescribing information]. Whitehouse Station, NJ: Sun; December 2022.
2. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol.* 2019;80(4):1029-1072.
3. Nast A, Gisondi P, Ormerod AD, et al. European S3-Guidelines on the systemic treatment of psoriasis vulgaris – Update 2015 – Short version – EDF in cooperation with EADV and IPC. *J Eur Acad Dermatol Venereol.* 2015;29(12):2277-2294.
4. Reich K, Papp KA, Blauvelt A, et al. Tildrakizumab versus placebo or etanercept for chronic plaque psoriasis (reSURFACE 1 and reSURFACE 2): results from two randomised controlled, phase 3 trials. *Lancet.* 2017;390(10091):276-288.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	05/11/2022
Annual Revision	No criteria changes.	05/10/2023

APPENDIX

	Mechanism of Action	Examples of Inflammatory Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA

Etanercept SC Products (Enbrel [®] , biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
Infliximab IV Products (Remicade [®] , biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Simponi[®], Simponi[®] Aria[™] (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Actemra[®] (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kezara[®] (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia[®] (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PsA, RA
		IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan [®] , biosimilars)	CD20-directed cytolytic antibody	RA
Kineret[®] (anakinra SC injection)	Inhibition of IL-1	JIA [^] , RA
Stelara[®] (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq[™] (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx[®] (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
Taltz[®] (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Ilumya[™] (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi[®] (risankizumab-rzaa SC injection)	Inhibition of IL-23	PsA, PsO
Tremfya[™] (guselkumab SC injection)	Inhibition of IL-23	PsO
Entyvio[™] (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic DMARDs		
Otezla[®] (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo[™] (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant[®] (baricitinib tablets)	Inhibition of JAK pathways	RA
Rinvoq[®] (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, RA, PsA, UC
Xeljanz[®] (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz[®] XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

* Not an all-inclusive list of indication (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARDs – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis.

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