

# Ilumya® (tildrakizumab-asmn) (Subcutaneous)

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## I. Length of Authorization

Coverage will be provided for 6 months and may be renewed

## II. Dosing Limits

### A. Quantity Limit (max daily dose) [NDC Unit]:

- Loading:  
Ilumya 100 mg single-dose prefilled syringe: 1 syringe at Weeks 0 & 4
- Maintenance:  
Ilumya 100 mg single-dose prefilled syringe: 1 syringe every 12 weeks

### B. Max Units (per dose and over time) [HCPCS Unit]:

- Loading:  
100 billable units (100 mg) at Weeks 0 & 4
- Maintenance:  
100 billable units (100 mg) every 12 weeks

## III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Patient is up to date with all age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**

### Universal Criteria <sup>1</sup>

- Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for the presence of TB during treatment; **AND**
- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient will not receive live vaccines during therapy; **AND**

- Patient is not on concurrent treatment with another IL-inhibitor, TNF-inhibitor, biologic response modifier or other non-biologic immunomodulating agent (e.g., apremilast, abrocitinib, tofacitinib, baricitinib, upadacitinib, deucravacitinib, etc.); **AND**

**Plaque Psoriasis (PsO) †<sup>1,7,12,14,16-19</sup>**

- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
  - Involvement of at least 3% of body surface area (BSA); **OR**
  - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - Incapacitation or serious emotional consequences due to plaque location (e.g., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis; **AND**
- Patient did not respond adequately (or is not a candidate) to a 4-week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, tapinarof, roflumilast, retinoic acid derivatives, and/or vitamin D analogues); **AND**
- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of at least ONE non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **AND**
- Patient did not respond adequately (or is not a candidate\*) to a 3-month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol)

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of at least two of the following: Enbrel, Humira, or Cosentyx; **OR**
- Patient is continuing treatment

**\*Examples of contraindications to phototherapy (PUVA or UVB) include the following:<sup>8,9</sup>**

- Xeroderma pigmentosum
- Pregnancy or lactation (*PUVA only*)
- Lupus Erythematosus
- History of one of the following: photosensitivity diseases (e.g., chronic actinic dermatitis, solar urticaria), melanoma, non-melanoma skin cancer, extensive solar damage (*PUVA only*), or treatment with arsenic or ionizing radiation
- Immunosuppression in an organ transplant patient (*UVB only*)
- Photosensitizing medications (*PUVA only*)
- Severe liver, renal, or cardiac disease (*PUVA only*)
- Young age < 12 years old (*PUVA only*)

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); ◊ Orphan Drug

## IV. Renewal Criteria<sup>1</sup>

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infections, severe hypersensitivity reactions (e.g., angioedema, urticaria, etc.), etc.; **AND**

**Plaque Psoriasis (PsO)** <sup>6,12,19</sup>

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement  $\leq 1\%$ ) and/or an improvement on a disease activity scoring tool [e.g., a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and  $\geq 4$ -point reduction in the Dermatology Life Quality Index [DLQI] from when treatment started].

## V. Dosage/Administration <sup>1</sup>

Indication	Dose
Plaque Psoriasis	Administer 100 mg subcutaneously at Week 0 and 4 then 100 mg every 12 weeks thereafter. <i>Ilumya should be administered by a health care provider only.</i>

## VI. Billing Code/Availability Information

HCPCS Code:

- J3245 – Injection, tildrakizumab, 1 mg: 1 billable unit = 1 mg

NDC:

- Ilumya 100 mg single-dose prefilled syringe: 47335-0177-xx

## VII. References

1. Ilumya [package insert]. Cranbury, NJ; Sun Pharmaceuticals Inc.; Dec 2022. Accessed June 2023.
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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
L40.0	Psoriasis vulgaris

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC