tildrakizumab-asmn (Ilumya™)

Policy # 00651
Original Effective Date: 12/19/2018
Current Effective Date: 01/11/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider tildrakizumab-asmn (Ilumya™)‡ for the treatment of moderate to severe plaque psoriasis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for tildrakizumab-asmn (Ilumya) will be considered when the following criteria are met:

- Patient has a diagnosis of moderate to severe plaque psoriasis; AND
- Patient is 18 years of age or older; AND
- Patient has a negative TB (tuberculosis) test (e.g., purified protein derivative [PPD], blood test) prior to treatment; AND
- Patient is a candidate for phototherapy or systemic therapy; AND
- Requested drug is NOT used in combination with other biologic disease-modifying anti-rheumatic drugs (DMARDs), such as adalimumab (Humira®)‡ or etanercept (Enbrel®)‡ OR other drugs such as apremilast (Otezla®)‡ or tofacitinib (Xeljanz/XR®)‡; AND
- Patient has greater than 10% of body surface area (BSA) OR less than or equal to 10% BSA with plaque psoriasis involving sensitive areas or areas that would significantly impact daily function (such as palms, soles of feet, head/neck or genitalia); AND
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient has failed to respond to an adequate trial of one of the following treatment modalities, unless there is clinical evidence or patient history that suggests the use of these treatment modalities will be ineffective or cause an adverse reaction to the patient:

  - Ultraviolet B; OR
  - Psoralen positive Ultraviolet A; OR
  - Systemic therapy (e.g., methotrexate [MTX], cyclosporine, acitretin); AND

  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Requested drug is dosed no higher or no more frequently than 100 mg at weeks 0, 4, and every 12 weeks thereafter.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of tildrakizumab-asmn (Ilumya) when any of the following criteria are not met to be **not medically necessary**:**

- Patient has greater than 10% of BSA OR less than or equal to 10% BSA with plaque psoriasis involving sensitive areas or areas that would significantly impact daily function (such as palms, soles of feet, head/neck or genitalia)
- Patient has failed to respond to an adequate trial of one of the following treatment modalities:
  - Ultraviolet B; OR
  - Psoralen positive Ultraviolet A; OR
  - Systemic therapy (e.g., MTX, cyclosporine, acitretin).

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of tildrakizumab-asmn (Ilumya) when patient selection criteria are not met (with the exception of those denoted as **not medically necessary****) to be **investigational.***

Background/Overview

Ilumya is an interleukin-23 (IL-23) antagonist indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. IL-23 is a naturally occurring cytokine that is involved in inflammatory and immune responses. Ilumya inhibits the release of pro-inflammatory cytokines and chemokines. Ilumya is supplied as 100 mg/mL

solution in a single-dose prefilled syringe and is dosed at 100 mg subcutaneously at weeks 0, 4, and every 12 weeks thereafter. As per the package insert, Ilumya "should only be administered by a healthcare provider."

Plaque Psoriasis
Psoriasis is a common skin condition that is caused by an increase in production of skin cells. It is characterized by frequent episodes of redness, itching, and thick, dry silvery scales on the skin. It is most commonly seen on the trunk, elbows, knees, scalp, skin folds, and fingernails. This condition can appear suddenly or gradually and may affect people of any age; it most commonly begins between the ages of 15 and 35. Psoriasis is not contagious. It is an inherited disorder related to an inflammatory response in which the immune system produces too much tumor necrosis factor-alpha (TNF-alpha). It may be severe in immunosuppressed people or those who have other autoimmune disorders such as rheumatoid arthritis. Treatment is focused on control of the symptoms and prevention of secondary infections. Lesions that cover all or most of the body may be acutely painful and require hospitalization. Typical treatments for severe cases of plaque psoriasis include ultraviolet therapy or systemic therapies such as MTX or cyclosporine. Newer biologic therapies, such as Ilumya, are also approved for the treatment of plaque psoriasis.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)
Ilumya is an interleukin-23 antagonist indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, Blue Cross and Blue Shield Association technology assessment program (TEC) and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Ilumya was studied in two multicenter, randomized, double-blind, placebo-controlled trials (Trial 2 [NCT01722331] and Trial 3 [NCT01729754]). In both trials, subjects were randomized to either

placebo or Ilumya 100 mg at week 0, week 4, and every twelve weeks thereafter up to 64 weeks. The two trials assessed the changes from baseline to week 12 in the two co-primary endpoints: PASI 75 (psoriasis area and severity index-75), the proportion of subjects who achieved at least a 75% reduction in the PASI composite score and PGA (physician global assessment) of 0 ("cleared") or 1 ("minimal"), the proportion of subjects with a PGA of 0 or 1 and at least a 2-point improvement.

In Trial 2, 58% of the Ilumya subjects achieved a PGA or 0 or 1 vs. 7% in the placebo group. In Trial 3, 55% of the Ilumya subjects achieved a PGA of 0 or 1 vs. 4% in the placebo group. In Trial 2, 64% of Ilumya subjects achieved PASI 75 vs. 6% in the placebo group. In Trial 3, 61% of Ilumya subjects achieved PASI 75 vs. 6% in the placebo group.

In Trial 2, subjects originally randomized to Ilumya and who were responders at week 28 (i.e., PASI 75) were re-randomized to an additional 36 weeks of either maintaining the same dose of Ilumya every twelve weeks or placebo. At week 28, 229 (74%) subjects treated with Ilumya 100 mg were PASI 75 responders. At week 64, 84% of subjects who continued on Ilumya 100 mg every 12 weeks maintained PASI 75 compared to 22% of subjects who were re-randomized to placebo. In addition, for subjects who were re-randomized and also had a PGA score of 0 or 1 at week 28, 69% of subjects who continued on Ilumya 100 mg every 12 weeks maintained this response (PGA 0 or 1) at week 64 compared to 14% of subjects who were re-randomized to placebo. For PASI 75 responders at week 28 who were re-randomized to treatment withdrawal (i.e., placebo), the median time to loss of PASI 75 was approximately 20 weeks. In addition, for subjects who were re-randomized to placebo and also had a PGA score of 0 or 1 at week 28, the median time to loss of PGA score of 0 or 1 was approximately 16 weeks.

References

1. Ilumya [package insert]. Sun Pharmaceutical Industries, Inc. Cranbury, New Jersey. Updated August 2018.

Policy History

Original Effective Date: 12/19/2018
Current Effective Date: 01/11/2021
12/06/2018 Medical Policy Committee review
12/19/2018 Medical Policy Implementation Committee approval. New policy.

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07/03/2019	Medical Policy Committee review
07/18/2019	Medical Policy Implementation Committee approval. Added Tremfya and Skyrizi as first line options in plaque psoriasis.
12/05/2019	Medical Policy Committee review
12/11/2019	Medical Policy Implementation Committee approval. Removed the requirement for a trial and failure of other biologic products.
12/03/2020	Medical Policy Committee review
12/09/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 12/2021

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPCS	J3245, J3490, J3590
ICD-10 Diagnosis	L41.0-L41.9

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and

C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.