Agents for the treatment of plaque psoriasis

Vitamin D analog

1. Is the diagnosis being treated for OHP funded moderate to severe psoriasis per guideline note 21?
    a. If Yes, Move to question #2.
    b. If No, Category 1 denial.

2. Has the member tried and been adherent to prior therapy with an appropriate topical corticosteroid?
    a. If Yes, Move to question #3.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

3. Is the requested medication on formulary (calcipotriene)?
    a. If Yes, Move to question #5.
    b. If No, Move the question #4.

4. Has the member tried and failed formulary calcipotriene?
    a. If Yes, Move to question #5.
    b. If No, Category 15 denial.

5. Is this medication a new start for member?
    a. If Yes, approve as amended for 3 month trial
    b. If No, Move to question #6.

6. Does provided documentation demonstrate efficacy and tolerability of treatment for member's symptoms?
    a. If Yes, approved for up to 12 months of therapy.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

Tazorac

1. Is the diagnosis being treated for OHP funded moderate to severe plaque-type psoriasis per guideline note 21?
    a. If Yes, Move to question #2.
    b. If No, Category 1 denial.

2. Has the member tried and been adherent to prior combination therapy with an appropriate topical corticosteroid and vitamin D analog for at least 8 consecutive weeks?
    a. If Yes, Move to question #3.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
    **Exceptions may be made at the discretion of the MD for hyperkeratotic lesions that meet the comorbid rule for funding*

3. Is female member on a long acting or permanent form of contraception?
    a. If Yes, Move to Question #6
    b. If No, Move to Question #5

4. Is female member using 2 forms of contraception (as noted in clinical documentation and review of MedAccess for medication adherence if appropriate).
    a. If Yes, Move to question #6
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation
    **Exceptions may be made at the discretion of reviewing MD if use of Tazorac is intended for limited BSA*

5. Is this medication a new start for member?
    a. If Yes, approve as amended for 3 month trial.
    b. If No, See question continuation of therapy criteria.

Continuation of therapy Criteria

1. Does provided documentation demonstrate efficacy and tolerability of treatment for member's symptoms?
    a. If Yes, Move to question #2.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

2. Is member male or a female member on a long acting or permanent form of contraception?
    a. If Yes, Approved for 12 months of therapy
    b. If No, Move to Question #3

3. Is female member using 2 forms of contraception (as noted in clinical documentation and review of MedAccess for medication adherence if appropriate).
    a. If Yes, Approve in three month intervals.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

Topical Tacrolimus

1. Is the diagnosis being treated for OHP funded moderate to severe intertriginous or facial psoriasis per guideline note 21?
    a. If Yes, Move to question #2.
    b. If No, Category 1 denial.

2. Has the member tried and been adherent to prior therapy with an appropriate topical, Tazorac or phototherapy?
    a. If Yes, Move to question #3.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

3. Is this medication a new start for member?
    a. If Yes, approve as amended for 3 month trial.
    b. If No, Move to question #4.

4. Does provided documentation demonstrate efficacy and tolerability of treatment for member's symptoms?
    a. If Yes, approved for up to 12 months of therapy.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

Soriatane (acitretin)

1. Is the diagnosis being treated for OHP funded moderate to severe psoriasis per guideline note 21?
    a. If Yes, Move to question #2.
    b. If No, Category 1 denial.

2. Is the medication being prescribed by or in consultation with a dermatologist or rheumatologist?
    a. If Yes, Move to question
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

3. Has the member tried and been adherent to prior therapy with an appropriate topical corticosteroid combined with a vitamin D analog, methotrexate, and phototherapy?
    a. If Yes, Move to question #4.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
    **Exceptions may be made at the discretion of reviewing MD for palmer/plantar psoriasis*

4. Is female member currently pregnant as confirmed by a negative pregnancy prior to initiation of therapy? *If male member proceed to question #8*
    a. If No, move to question #5.
    b. If Yes, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

5. Does member agree to avoid pregnancy for 3 years following discontinuation of therapy?
    a. If Yes, Move to question #6
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

6. Is female member on a long acting or permanent form of contraception?
    a. If Yes, Move to Question #8
    b. If No, Move to Question #7

7. Is female member effective using 2 forms of contraception (as noted in clinical documentation and review of MedAccess for medication adherence if appropriate).
    a. If Yes, Move to question #8
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation
    Rational: Retinoid Acid Derivatives are highly teratogenic. Package insert recommends two forms of contraception to prevent pregnancy.

8. Does the documentation demonstrate that the provider is adherent to REMS criteria associated with prescribed medication (including documentation of negative pregnancy test and plan for monthly pregnancy test throughout therapy)?
    a. If Yes, Move to question #9.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

9. Is this medication a new start for member?
    a. If Yes, approve as amended for 3 month trial.
    b. If No, See continuation of therapy PA criteria.

Continuation of therapy Criteria

1. Does provided documentation demonstrate efficacy and tolerability of treatment for member's symptoms?
    a. If Yes, Move to question #2.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

2. Is member male or a female member on a long acting or permanent form of contraception?
    a. If Yes, Approved for 12 months of therapy
    b. If No, Move to Question #3

3. Is female member using 2 forms of contraception (as noted in clinical documentation and review of MedAccess for medication adherence if appropriate).
    a. If Yes, Approve in three month intervals.
    b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

Biologics for the treatment of Plaque Psoriasis

Tumor Necrosis Factor alpha Inhibitors (Adalimumab, Etanercept, Infliximab)

New Start Criteria

1. Is the member being treated for an OHP funded condition of moderate to severe plaque psoriasis as defined by guideline note 21: Functional impairment AND at least 10% BSA involvement and/or hand, foot or mucous membrane involvement.
    a. If Yes, Move to question #2
    b. If No, Category 1 denial

2. Is the medication prescribed by or in consultation with a dermatologist or rheumatologist?
    a. If Yes, Move to question #3
    b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

3. Does the member have a history of recurring infections or an active infection?
    a. If No, Move to question #4
    b. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation

4. Does the member have any of the following exclusions?
    - Pregnant or breastfeeding
    - High risk of infection—uncontrolled diabetes, chronic leg ulcers, recurrent chest infections, indwelling urinary catheter
    - Multiple sclerosis

- Active malignancy
- Severe CHF

a) If No, Move to question #5
b) If Yes, Forward to Medical Director to evaluate for medical appropriateness

5. Has the member tried and failed (8 consecutive week trial), had documented adverse reaction or have contraindications to, ALL of the following
   - High potency topical corticosteroids used in combination with a vitamin D analogue
   - At least one other topical agent: tazarotene, tacrolimus, etc.

   Exceptions may be made for BSA greater than 20%--safety of tazarotene has not been established in psoriasis.
   - PUVA or UVB phototherapy
   - Methotrexate *(Exceptions may be made for pediatric members)*
   - At least one other second line systemic agent:, acitretin

   a. If Yes, Move to question #6
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

6. Is the medication have a FDA indication for the condition being treated?
   a. If Yes, Move to question #7
   b. If No, Category 3 Denial

7. Is the medication being prescribed within FDA approved limits?
   a. If Yes, Approve for 6 month trial
   b. If No, Category 3 denial

Continuation of therapy

1. Has the member experienced a 50% reduction in plaques and/or is there evidence of functional improvement since starting therapy?
   a. If Yes, Approve for 1 year
   b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

<u>Ustekinumab (Stelara)</u>

New Start Criteria

1. Is the member being treated for an OHP funded condition of moderate to severe plaque psoriasis as defined by guideline note 21: Functional impairment AND at least 10% BSA involvement and/or hand, foot or mucous membrane involvement.
   a. If Yes, Move to question #2
   b. If No, Category 1 denial

2. Is the medication being prescribed by or in consultation with a dermatologist?
   a. If Yes, Move to question #3
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

3. Does the member have a history of recurring infections or an active infection?
   a. If Yes, Move to question #4

   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

4. Has the member tried and failed (8 consecutive week trial), had documented adverse reaction or have contraindications to, ALL of the following
   - High potency topical corticosteroids combined with a vitamin D analogue
   - At least one other topical agent: tazarotene, tacrolimus

   Exceptions may be made for BSA greater than 20%--safety of tazarotene has not been established in psoriasis.
   - PUVA or UVB phototherapy
   - Methotrexate *(Exceptions may be made for pediatric members)*
   - At least one other second line systemic agent:, acitretin, etc.

   a. If Yes, Move to question #5
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

5. Has the member tried and failed or have contraindication to Humiraor Remicade?
   a. If Yes, Approve for 16 week trial
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

Continuation of therapy

1. Has the member experienced a 50% improvement in affected body surface area, plaques severity and/or functioning since starting therapy?
   a. If Yes, approve for 12 months
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

Secukinumab (Cosentyx)

1. New Start Is the member being treated for an OHP funded condition of moderate to severe plaque psoriasis as defined by guideline note 21: Functional impairment AND at least 10% BSA involvement and/or hand, foot or mucous membrane involvement.
   a. If Yes, Move to question #2
   b. If No, Category 1 denial

2. Is the medication being prescribed by or in consultation with a dermatologist?
   a. If Yes, Move to question #3
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

3. Is the member over the age of 18 years old?
   a. If Yes, Move to question #4
   b. If No, Category 3 denial

4. Does the member have a history of recurring infections or an active infection?
   a. If No, Move to question #5
   b. If Yes, Forward to Medical Director for medical appropriateness (Category 5) evaluation

5. Has the member tried and failed (8 consecutive weeks), had adverse reaction to or have contraindications to, ALL of the following
   - High potency topical corticosteroids combined with vitamin D analogue
   - At least one other topical agent: tazarotene, tacrolimus, etc.

Exceptions may be made for BSA greater than 20%--safety of tazarotene has not been established in psoriasis.

- PUVA or UVB phototherapy
- Methotrexate
- At least one other second line systemic agent:, acitretin, etc.

a. If Yes, Move to question #6
b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

6. Has the member tried and failed for have contraindication to Humira or Remicade?
   a. If Yes, Approve for 12 week trial
   b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

Continuation of therapy

1. Has the member experienced a 50% improvement in affected body surface area, plaques severity and/or functioning since starting therapy?
   a. If Yes, approved for 12 months
   b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

Apremilast (Otezla)

New Start Criteria

1. Is the member being treated for an OHP funded condition of moderate to severe plaque psoriasis as defined by guideline note 21: Functional impairment AND at least 10% BSA involvement and/or hand, foot or mucous membrane involvement.
   a. If Yes, Move to question #2
   b. If No, Category 1 denial

2. Is the medication being prescribed by or in consultation with a dermatologist?
   a. If Yes, Move to question #3
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

3. Is the member over the age of 18 years old?
   a. If No, Category 3 denial.
   b. If Yes, Move to question #4

4. Has the member tried and failed (8 consecutive weeks), had adverse reaction to, or have contraindications to, all of the following
   - High potency topical corticosteroids combined with vitamin D analogue
   - At least one other topical agent: tazarotene, tacrolimus, etc.

   Exceptions may be made for BSA greater than 20%--safety of tazarotene has not been established in psoriasis. In addition
   - PUVA or UVB phototherapy
   - Methotrexate
   - At least one other second line systemic agent:, acitretin, etc.

   a. If Yes, Move to question #5
   b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation

5. Has the member tried and failed for have contraindication to Humira or Remicade?

   a. If Yes, Move to question #6
   b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation

6. Has the member tried and failed for have contraindication to Stelara and Cosentyx?
   a. If Yes, approve for 12 week trial.
   b. If No, category 15 denial.

Continuation of therapy

1. Has the member experienced a 50% reduction in plaques and/or is there evidence of functional improvement since the start of treatment?
   a. If Yes, Approved for 12 months
   b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation