Reference number(s)
2543-H

SPECIALTY QUANTITY LIMIT PROGRAM

ILUMYA (tildrakizumab-asmn)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Ilumya 100 mg/mL syringe	1 syringe per 12 weeks	2 syringes per 28 days	100 mg at weeks 0, 4, and every 12 weeks thereafter

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

III. REFERENCES

1. Ilumya [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; August 2018.