

PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Icotyde Prior Authorization Policy

- Icotyde™ (icotrokinra tablets – Janssen Biotech/Johnson & Johnson)

REVIEW DATE: 03/25/2026

OVERVIEW

Icotyde, an interleukin-23 (IL-23) receptor antagonist, is indicated for the treatment of moderate-to-severe plaque psoriasis in adults and pediatric patients ≥ 12 years of age who weigh ≥ 40 kg who are candidates for systemic therapy or phototherapy.¹

Guidelines

Joint guidelines from the American Academy of Dermatology (AAD) and National Psoriasis Medical Board have not been updated to include Icotyde. In 2019, guidelines were published for the management of psoriasis with biologics.² These guidelines list all the biologics approved at the time of publication as agents that may be used as monotherapy for adults with moderate to severe psoriasis. The 2020 AAD and National Psoriasis Medical Board guidelines for management of psoriasis with systemic non-biologic therapies provide recommendations for several medications including methotrexate, cyclosporine, acitretin, as well as Otezla® (apremilast tablets).³

POLICY STATEMENT

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

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Icotyde is recommended in those who meet the following criteria:

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 (i, ii, and iii):
 - i.** Patient meets ONE of the following (a or b):
 - a)** Patient meets BOTH of the following [(1) and (2)]:
 - (1) Patient is ≥ 12 years to ≤ 17 years of age; AND
 - (2) Patient weighs ≥ 40 kg; OR
 - b)** 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, or acitretin tablets. A 3-month trial of psoralen plus ultraviolet A light (PUVA) also counts.

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, Otezla (apremilast tablets)/Otezla XR (apremilast extended-release tablets) or Sotyktu (deucravacitinib tablets). Refer to [Appendix](#) for examples of biologics used for plaque psoriasis. A patient who has already tried a biologic, Otezla (apremilast tablets)/Otezla XR (apremilast extended-release tablets), or Sotyktu (deucravacitinib) for psoriasis is not required to “step back” and try a traditional systemic agent for psoriasis.

- b) According to the prescriber, the patient has a contraindication to methotrexate; AND
- iii. The medication is prescribed by or in consultation with a dermatologist; OR
- B) Patient is Currently Receiving Icotyde. 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 3 months; AND
Note: A patient who has received < 3 months 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 RECOMMENDED FOR APPROVAL

Coverage of Icotyde is not recommended in the following situations:

1. **Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Icotyde™ tablets [prescribing information]. Horsham, PA: Janssen Biotech/Johnson & Johnson; March 2026.
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. Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology – National Psoriasis Foundation guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol.* 2020;82(6):1445-1486.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	03/19/2026

APPENDIX

	Mechanism of Action	Examples of 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, JIA, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Zymfentra® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, 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
Tocilizumab Products (Actemra® IV, biosimilars; Actemra SC, biosimilars)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kezara® (sarilumab SC injection)	Inhibition of IL-6	PJIA, 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
OmvoH® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	CD, UC
Ustekinumab Products (Stelara® IV, biosimilars; Stelara SC, biosimilars)	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; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA
		IV formulation: AS, nr-axSpA, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsA, PsO
Bimzelx® (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	AS, nr-axSpA, PsA, PsO
Ilumya® (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC
		IV formulation: CD, UC
Tremfya® (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC IV formulation: CD, UC
Entyvio® (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs		
Icotyde™ (icotrokinra tablets)	IL-23 receptor antagonist	PsO
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Otezla XR™ (apremilast extended-release tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
Litfulo® (ritlecitinib capsules)	Inhibition of JAK pathways	AA
Leqselvi® (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
Rinvoq® LQ (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
Sotyktu® (deucravacitinib tablets)	Inhibition of TYK2	PsO, PsA
Xeljanz® (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
Zeposia® (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
Velsipity® (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

* Not an all-inclusive list of indications. 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; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.