Taltz® (ixekizumab)
Effective January 1, 2021

<table>
<thead>
<tr>
<th>Plan</th>
<th>☐ MassHealth</th>
<th>☒ MassHealth (PUF)</th>
<th>☐ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☒ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<tr>
<th>Benefit</th>
<th>☒ Pharmacy Benefit</th>
<th>☐ Medical Benefit (NLX)</th>
</tr>
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| Specialty Limitations | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
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<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
<td></td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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| Exceptions | N/A |

Overview
Taltz® (ixekizumab) is a humanized interleukin-17A antagonist indicated for the treatment of:
- Moderate-to-severe plaque psoriasis (PsO)
- Active psoriatic arthritis (PsA)
- Active ankylosing spondylitis (AS)
- Non-radiographic axial spondyloarthritis

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Taltz excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Moderate to Severe Plaque Psoriasis
Prescriber provides documentation of ALL of the following:
1. Appropriate diagnosis
2. ONE of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE conventional therapy (see appendix B)
      i. topical agent
      ii. phototherapy
      iii. systemic agent

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AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
b. Contraindication to ALL conventional therapies:
   i. topical agents
   ii. phototherapy
   iii. systemic agents

c. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for plaque psoriasis

3. Appropriate dosing

Psoriatic Arthritis (PsA)
Prescriber provides documentation of ALL of the following:
1. Appropriate diagnosis
2. ONE of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE anti-TNF agent that is FDA-approved for the requested indication
   b. Contraindication to ALL anti-TNF agents that are FDA-approved for the requested indication
3. Appropriate dosing

NOTE: Requests for Taltz® in non-radiographic axial spondylarthritis may be approved if all criteria are met.

Ankylosing spondylitis (AS) and Non-radiographic axial spondyloarthritis
Prescriber provides documentation of ALL of the following:
1. Appropriate diagnosis
2. Paid claims or physician documented inadequate response or adverse reaction to TWO NSAIDs or contraindication to ALL NSAIDs
3. Paid claims or physician documented inadequate response or adverse reaction to ONE anti-TNF agent that is FDA-approved for the requested indication
4. Appropriate dosing (see appendix A)

Continuation of Therapy
Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

Limitations
1. Initial approvals will be granted for:
   a. Plaque Psoriasis: 3 months.
   b. All other diagnosis: 6 months.
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:
   | Taltz Inj 80mg/mL | 80mg (1mL) per 28 days |

Appendices
Appendix A: Dosing

<table>
<thead>
<tr>
<th>Taltz® (ixekizumab)</th>
<th>Plaque Psoriasis:</th>
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<tr>
<td></td>
<td>SQ: 160 mg initially at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10 and 12; followed by 80 mg every four weeks</td>
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Psoriatic Arthritis and Ankylosing Spondylitis:
SQ: 160 mg initially at week 0, followed by 80 mg every 4 weeks.

For psoriatic arthritis patients with coexistent moderate-to-severe plaque psoriasis, use the dosing regimen for plaque psoriasis

### Appendix B. Conventional Therapies for Plaque Psoriasis

<table>
<thead>
<tr>
<th>Conventional Treatment Lines</th>
<th>Agents Used</th>
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<tbody>
<tr>
<td>Topical Agents</td>
<td>emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors</td>
</tr>
<tr>
<td>Systemic Agents</td>
<td>Traditional DMARDs: methotrexate, apremilast, acitretin,</td>
</tr>
<tr>
<td>Phototherapy</td>
<td>ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)</td>
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### References
1. Taltz (ixekizumab) [prescribing information]. Indianapolis, IN: Eli Lilly and Co; May 2018

### Review History
11/28/16 – Reviewed
02/27/17 – Adopted SGM & ST
03/20/17 – Effective
03/01/18 – Adopted MH RS
02/20/19 – Reviewed in P&T Meeting
4/15/20 – MH unified drug list to prefer Taltz; change previous use of ONE biologic DMARD to inadequate response to Enbrel OR Humira; added indication of ankylosing spondylitis; updated age requirement of plaque psoriasis to ≥ 6 years. Change effective 6/22/20.

### Disclaimer
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