**Overview**

Taltz® (ixekizumab) is a humanized interleukin-17A antagonist indicated for the treatment of adults with:

1. Moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy
2. Active psoriatic arthritis
3. Active ankylosing spondylitis

**Coverage Guidelines**

Approval will be granted if the member meets the following diagnosis specific criteria:

**Moderate to severe plaque psoriasis**

1. Member has a diagnosis of moderate-severe plaque psoriasis **AND**
2. Member is at least 18 years of age **AND**
3. Prescriber has provided documentation of ONE of the following:
   a. Inadequate response, adverse reaction, or contraindication to at least TWO conventional therapies in any one of the following combinations (combinations DO NOT have to be used concurrently):
      i. 1 topical agent + 1 systemic agent
      ii. 1 topical agent + 1 phototherapy (required for diagnosis of guttate psoriasis)
      iii. 1 systemic agent + 1 phototherapy
      iv. 2 systemic agents
   b. Contraindication to ALL conventional therapies
      i. Topical agents
      ii. Phototherapy
      iii. Systemic agents
   c. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved
for plaque psoriasis

**AND**

4. Dosing is appropriate (see appendix)

**Psoriatic arthritis**

1. Member has a diagnosis of psoriatic arthritis **AND**
2. Member is at least 18 years of age **AND**
4. Prescriber has provided documentation of ONE of the following:
   a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine)
   b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication

**AND**

5. Dosing is appropriate (see appendix)

**Continuation of Therapy**

Reauthorization requires physician documentation indicating a positive response to therapy.

**Limitations**

1. Initial approvals will be varied based on the treatment:
   a. For moderate to severe plaque psoriasis, approvals will be granted for 3 months.
   b. For psoriatic arthritis, approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

**Appendices**

**Dosing**

<table>
<thead>
<tr>
<th>Taltz® (ixekizumab)</th>
<th><strong>Plaque Psoriasis:</strong> 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</th>
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<td><strong>Psoriatic Arthritis:</strong> SQ: 160 mg initially at week 0, followed by 80 mg every 4 weeks.</td>
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<td>For psoriatic arthritis patients with coexistent moderate-to-severe plaque psoriasis, use the dosing regimen for plaque psoriasis</td>
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</tbody>
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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

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