Mass General Brigham
Health Plan

Taltz (ixekizumab)
Effective 01/01/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Taltz (ixekizumab) is a humanized interleukin-17A antagonist insisted for the treatment of:

- Moderate-to-severe plaque psoriasis in patients who are candidates for systemic therapy or phototherapy
- Active psoriatic arthritis
- Active ankylosing spondylitis
- Active non-radiographic axial spondyloarthritis with objective signs of inflammation

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program
OR
Authorization may be granted if the member meets all the following diagnosis-specific criteria:

Moderate to severe plaque psoriasis

1. Diagnosis of moderate to severe plaque psoriasis
2. At least 3% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
3. The member meets ONE of the following criteria:
    a. Minimum duration of 4-week trial and failure, intolerance, or contraindication to ONE of the following topical therapies
        1. Corticosteroids (e.g., betamethasone, clobetasol)
        2. Vitamin D analogs (e.g., calcitriol, calcipotriene)
        3. Tazarotene
        4. Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
        5. Anthralin
        6. Coal tar
    b. The member has severe psoriasis that warrants a biologic DMARD as first-line therapy

Active psoriatic arthritis (PsA)

1. Diagnosis of active psoriatic arthritis
2. The member has ONE of the following:
    a. Actively inflamed joints
    b. Dactylitis
    c. Enthesitis
    d. Axial disease
    e. Active skin and/or nail involvement

Active ankylosing spondylitis

1. Diagnosis of active ankylosing spondylitis
2. Minimum duration 1-month trial and failure, contraindication or intolerance to at least two different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.

Non-Radiographic axial spondyloarthritis (nr-axSpa)

1. Member has a diagnosis of active non-radiographical axial spondyloarthritis
2. Member has objective signs of inflammation (e.g., C-reactive protein [CRP] levels above the upper limit of normal and/or sacroiliitis on magnetic resonance imaging [MRI], indicative of inflammatory disease, but without definitive radiographic evidence of structural damage on sacroiliac joints)
3. Minimum duration 1-month trial and failure, contraindication or intolerance to at least two different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation has been submitted supporting improvement in the member's condition as evidenced by low disease activity or improvement in signs and symptoms of the condition

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply::

Drug Name and Dosage Form	Quantity Limit
Taltz autoinjector, prefilled syringe	1 injection per 28 days

References

1. Deodhar A, Strand V, Kay J, Braun J. The term 'non-radiographic axial spondyloarthritis' is much more important to classify than to diagnose patients with axial spondyloarthritis. Ann Rheum Dis 2016; 75:791.
2. Griffiths CE, Reich K, Lebwohl M, et al. Comparison of ixekizumab with etanercept or placebo in moderate-to-severe psoriasis (UNCOVER-2 and UNCOVER-3): results from two phases 3 randomised trials. *Lancet.* 2015;386(9993):541-51
3. Kimball AB, Luger T, Gottlieb A, et al. Impact of ixekizumab on psoriasis itch severity and other psoriasis symptoms: Results from 3 phase III psoriasis clinical trials. J Am Acad Dermatol 2016; 75:1156
4. Leonardi C, Maari C, Philipp S, et al. Maintenance of skin clearance with ixekizumab treatment of psoriasis: Three-year results from the UNCOVER-3 study. J Am Acad Dermatol 2018; 79:824
5. Nash P, Kirkham B, Okada M, et al. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week

randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. Lancet 2017; 389:2317.
6. Taltz (ixekizumab) [prescribing information]. Indianapolis, IN: Eli Lilly and Co; August 2024.
7. Weber U, Jurik AG, Lambert RG, Maksymowych WP. Imaging in Spondyloarthritis: Controversies in Recognition of Early Disease. Curr Rheumatol Rep 2016; 18:58

Review History

02/20/19 – Reviewed
09/18/19 - Added new indication of AS and updated references
11/20/19 – Added Skyrizi as preferred trial for PS
03/16/2022 – Reviewed and Updated for March P&T; Added Rinvoq and Skyrizi as preferred trial for PsA. Effective 05/01/2022
9/21/2022 – Reviewed and Updated for Sept P&T. added Rinvoq as preferred agent for ankylosing spondylitis. Effective 11/1/22.
11/15/2023 – Reviewed and Updated at Nov P&T; For Psoriatic Arthritis: 5% BSA changed to at least 3%. Removed TB requirement. Updated preferred agents to prior use with 3 of the following agents: Cimzia, Enbrel, Humira or biosimilars, Skyrizi, Stelara, Tremfya, AND Cosentyx. Updated topical therapies. For Psoriatic arthritis: Updated preferred agents to require previous use of TWO of the following: Cimzia**,** Enbrel, Humira or biosimilars, Rinvoq, Simponi, Skyrizi, Stelara, Tremfya, Xeljanz/XR, AND Cosentyx, Orencia. Removed requirement of traditional DMARD. Separated out ankylosing spondylitis and non-radiographical axial spondyloarthritis criteria. Removed appendix. Effective 1/1/20240
9/11/2024 – Reviewed and updated at September P&T. Added Rinvoq LQ as a step through treatment option for psoriatic arthritis. Effective 11/1/2024.
10/09/2024 – Reviewed and updated at October P&T. Effective 11/1/2024: updated plaque psoriasis criteria to remove requirement of documentation for conventional therapies. Effective 1/1/2025: Removed biologic step requirements for all indications. Updated reauthorization criteria to require documentation of clinical improvement.
06/11/2025 – Reviewed and updated at June P&T. No Changes. Effective 07/01/2025.
10/08/2025 – Reviewed and updated at October P&T. Minor verbiage updates to trial language for ankylosing spondylitis and nr-axSpA; intent remains the same. Effective 01/01/2026.