

# Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

## Ixekizumab (Taltz)

### Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
  - Phototherapy – 8 weeks
  - Systemic non-biologics for psoriasis – 6 weeks
  - Methotrexate for psoriatic arthritis – 3 months
  - Biologics – 12 weeks
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Non-Formulary **ixekizumab (Taltz)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria:** Non-formulary **ixekizumab (Taltz)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
  - Patient has failed an adequate trial<sup>^</sup> of phototherapy (unless documented by prescriber phototherapy not appropriate)
  - Patient has failed an adequate trial<sup>^</sup>, or patient has an allergy or intolerance\* to, at least 1 of the following (or contraindication to all):
    - Methotrexate
    - Acitretin
    - Cyclosporine
  - Patient has failed an adequate trial<sup>^</sup>, or patient has an allergy or intolerance\* to all of the following:
    - Adalimumab product (criteria based)
    - Secukinumab (criteria based)
    - Ustekinumab (criteria based)
    - Guselkumab (criteria based)
    - Risankizumab-rzaa (criteria based)
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
  - Patient has failed an adequate trial<sup>^</sup>, has an intolerance\* to, or has a contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe] and/or enthesitis [inflammation of the entheses])

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All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

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## Ixekizumab (Taltz)

- Patient has failed an adequate trial<sup>^</sup>, has an intolerance<sup>^</sup> to, or has a contraindication to all of the following:
    - At least 3 anti-TNF agents:
      - Adalimumab product (criteria based)
      - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
      - Etanercept (criteria based)
      - Golimumab (criteria based)
      - Certolizumab (criteria based)
    - Secukinumab (criteria based)
    - Abatacept (criteria based) (unless documented by prescriber that patient has active psoriasis requiring biologic treatment)
    - Guselkumab (criteria based)
    - Risankizumab-rzaa (criteria based)
    - Ustekinumab (criteria based)
3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis
- Patient has failed an adequate trial<sup>^</sup>, has an intolerance<sup>^</sup> to, or has a contraindication to all of the following:
    - At least 3 anti-TNF agents:
      - Adalimumab product (criteria based)
      - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
      - Etanercept (criteria based)
      - Golimumab (criteria based)
      - Certolizumab (criteria based)
    - Secukinumab (criteria based)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary ixekizumab (Taltz) will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
- Patient has tried and failed, or patient has an allergy or intolerance\* to all of the following:
    - Adalimumab product (criteria based)
    - Secukinumab (criteria based)

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## Ixekizumab (Taltz)

- Ustekinumab (criteria based)
  - Guselkumab (criteria based)
  - Risankizumab-rzaa (criteria based)
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
- Patient has tried and failed, has an intolerance<sup>^</sup> to, or has a contraindication to all of the following:
    - At least 3 anti-TNF agents:
      - Adalimumab product (criteria based)
      - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
      - Etanercept (criteria based)
      - Golimumab (criteria based)
      - Certolizumab (criteria based)
    - Secukinumab (criteria based)
    - Abatacept (criteria based) (unless documented by prescriber that patient has active psoriasis requiring biologic treatment)
    - Guselkumab (criteria based)
    - Risankizumab-rzaa (criteria based)
    - Ustekinumab (criteria based)
3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis
- Patient has tried and failed, has an intolerance<sup>\*</sup> to, or has a contraindication to all of the following:
    - At least 3 anti-TNF agents:
      - Adalimumab product (criteria based)
      - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
      - Etanercept (criteria based)
      - Golimumab (criteria based)
      - Certolizumab (criteria based)
    - Secukinumab (criteria based)