

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

## Ixekizumab (Taltz)

### Notes:

- Quantity Limits: Yes
- \* 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) and 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/intolerant to or has a contraindication to all of the following:
    - Secukinumab (criteria based)
    - Guselkumab (criteria based)
    - Risankizumab-rzaa (criteria based)
    - Ustekinumab (criteria based)
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe] and/or enthesitis [inflammation of the entheses])
  - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
    - 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)
    - At least 3 anti-TNF agents:
      - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
      - Adalimumab product (criteria based)

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Revised: 03/10/22  
Effective: 05/05/22

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Kaiser Foundation Health Plan of the Northwest

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- Etanercept (criteria based)
  - Golimumab (criteria based)
  - Certolizumab (criteria based)
3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis
- Patient has tried and failed/intolerant to or has a contraindication to all of the following:
    - Secukinumab (criteria based)
    - At least 3 anti-TNF agents:
      - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
      - Adalimumab product (criteria based)
      - Etanercept (criteria based)
      - Golimumab (criteria based)
      - Certolizumab (criteria based)