Non-formulary ixekizumab (Taltz) requires a clinical review before being ordered. Appropriateness will be based on the following criteria:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis on problem list
   • Patient has tried and failed/intolerant to at least 1 of the following:
     o Adalimumab (criteria based)
     o Etanercept (criteria based)
     o Infliximab product
   • Patient has tried and failed/intolerant to or has a contraindication to all of the following:
     o Secukinumab (criteria based)
     o Guselkumab (criteria based)
     o Ustekinumab (criteria based)
     o Apremilast (criteria based)
     o Risankizumab (criteria based)

2. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis:
   • Patient has tried and failed/intolerant to at least 2 of the following:
     o Adalimumab (criteria based)
     o Etanercept (criteria based)
     o Infliximab product
   • Patient has tried and failed/intolerant to or has a contraindication to all of the following:
     o Tofacitinib (criteria based)
     o Secukinumab (criteria based)
     o Apremilast (criteria based)
     o Abatacept (criteria based)
     o Ustekinumab (criteria based)

3. Prescriber is a Rheumatologist and patient has a diagnosis of ankylosing spondylitis:
   • Patient has tried and failed/intolerant to at least 3 of the following:
     o Infliximab product
     o Adalimumab (criteria based)
     o Etanercept (criteria based)
     o Golimumab (criteria based)
Clinical Oversight Review Board-FAST (CORB-FAST)
Criteria For Prescribing / Criteria-Based Consultation (CBC)

criteria for coverage

ixekizumab (Taltz)

- Patient has tried and failed/intolerant to or has a contraindication to secukinumab (criteria based)