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

- **For plaque psoriasis:**
  - Documented diagnosis of psoriasis on problem list -AND-
  - Prescriber is a Dermatologist -AND-
  - Inadequate response, adverse reaction, or contraindication to 2 of the following:
    - acitretin
    - cyclosporine
    - methotrexate
    - phototherapy
  - AND-
  - Inadequate response, adverse reaction, or contraindication to 3 of the following:
    - adalimumab (Humira)
    - apremilast (Otezla)
    - etanercept (Enbrel)
    - infliximab product
    - ustekinumab (Stelara)
  - AND-
  - Patient is intolerant to or has experienced treatment failure with secukinumab (Cosentyx)

- **For psoriatic arthritis:**
  - Documented diagnosis of psoriatic arthritis on problem list -AND-
  - Prescriber is a Rheumatologist -AND-
  - Inadequate response, adverse reaction, or contraindication to 4 of the following:
    - adalimumab (Humira)
    - apremilast (Otezla)
    - etanercept (Enbrel)
    - infliximab product
    - ustekinumab (Stelara)
  - AND-
  - Patient is intolerant to or has experienced treatment failure with secukinumab (Cosentyx)