blue of california

ixekizumab subcutaneous injection (TALTZ)

Diagnoses Considered for Coverage:

- Moderate to Severe Plaque Psoriasis (PsO)
- Psoriatic arthritis (PsA)
- Spondylarthritis (including ankylosing and non-radiographic axial spondyloarthritis)

Coverage Criteria:

For psoriatic arthritis:

- Patient is at least 18 years old, **and**
- Being recommended by a Rheumatologist, **and**
- Inadequate response or intolerable side effect with one DMARD agent OR patient has a medical reason why methotrexate, leflunomide, and sulfasalazine cannot be used, **and**
- Not being used in combination with other targeted immunotherapies (eg. anti-TNF, IL-inhibitors, Otezla, JAK inhibitors), **and**
- Dose does not exceed 160 mg subcutaneously at week #0 (administered as two 80-mg injections) followed by 80 mg subcutaneously every 4 weeks.

Coverage Duration: one year

For moderate to severe plaque psoriasis:

Initial Treatment

- Patient is at least 6 years old, **and**
- Prescribed or recommended by a Rheumatologist or Dermatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to one of the following: methotrexate, cyclosporine (Neoral), acitretin (Soriatane), **or** PUVA/UVB, **and**
- Not being used in combination with Otezla or another targeted biologic, **and**
- Dose does not exceed two 80 mg/ml syringes for week #0, then one 80 mg/ml syringe for weeks #2, #4, #6, #8, #10, and #12, **and**
- One of the following:
  - Baseline PASI score is 10 or more prior to initiating targeted immunological therapy (eg. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**
  - Baseline BSA is 3% or more prior to initiating targeted immunological therapy (eg. Enbrel, Humira, Stelara, Cosentyx, Otezla), **or**

- Sensitive area is involved (i.e. groin, face, etc.), or
- Disease is otherwise debilitating.

Coverage Duration: 24 weeks

Reauthorization

- Patient has shown improvement in the baseline PASI (or BSA if provided on initial request) score, **and**
- Not being used in combination with Otezla or another targeted biologic, **and**
- Dose does not exceed 80 mg SQ syringe given once every 4 weeks.

Coverage Duration: one year

For diagnosis of spondyloarthritis:

- Being recommended by a Rheumatologist, **and**
- Not being used in combination with other targeted immunotherapies (i.e. anti-TNFs, interleukin inhibitors, JAK inhibitors), **and**
- Dose does not exceed 160 mg subcutaneously at week 0 (administered as two 80-mg injections) followed by 80 mg subcutaneously every 4 weeks**, and**
- One of the following:
  - For patient with no bleeding or ulcer risk factors: Either inadequate response or non-GI related intolerable side effect with TWO prescription-strength oral NSAIDs, OR intolerable GI side effect with ONE prescription-strength oral NSAID monotherapy not relieved with addition of concomitant proton pump inhibitor (PPI) therapy, **or**
  - For patient with high risk potential for development of GI bleed or ulcer: Inadequate response or intolerable side effect to ONE prescription-strength oral NSAID in combination with a proton pump inhibitor (PPI), **or**
  - Patient unable to use NSAIDs due to history of GI bleed or ulcer.

Coverage Duration: one year

Effective Date: 01/01/2023