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SEPTEMBER 21, 2023

IXEKIZUMAB (TALTZ) WILL REQUIRE PRIOR AUTHORIZATION APPROVAL

Dear Provider,

Effective December 1, 2023, Ixekizumab (Taltz) will be added to the **non-Medicare** list of office-administered drugs requiring prior authorization. **This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for Ixekizumab (Taltz):

DRUG NAME	COVERAGE CRITERIA

IXEKIZUMAB	For psoriatic arthritis in patients with contraindication, intolerance, or failure to:
	• At least one conventional synthetic disease modifying anti-rheumatic drug (csDMARD) (methotrexate preferred), and
	• Two of the following biologics (one of which must be adalimumab or infliximab):
	  ○ adalimumab (e.g., Amjevita)
	  ○ infliximab (e.g., Inflectra)
	  ○ secukinumab
	  ○ etanercept
	• Guselkumab, AND
	• At least one of the following biologic DMARDs (i.e., ustekinumab, risankizumab, abatacept)
	Note: csDMARD is not required for patients with axial disease or severe (rapidly progressive, erosive) disease.
	Ixekizumab may be considered for adult patients (18 years or older) with moderate to severe psoriasis, including psoriasis involving the genital area, who have not had an adequate response to topical psoriasis treatments AND
	• at least one formulary anti-TNF agent (e.g., adalimumab [Amjevita], infliximab [Inflectra]), AND
	• secukinumab, AND
	• two preferred IL-23 or IL-12/IL-23 inhibitors (guselkumab, ustekinumab, risankizumab), AND
	• at least two of the following*****:

DRUG NAME	COVERAGE CRITERIA
	○ 12-week trial of phototherapy ○ acitretin ○ methotrexate ***Note**: cyclosporine may also be counted toward one of the required therapies but should not be required. Ixekizumab may be considered for adult patients (18 years or older) with active ankylosing spondylitis who have not had an adequate response to two formulary anti-TNF agents (e.g., adalimumab [Amjevita] or infliximab [Inflectra]) and secukinumab. • For Ankylosing Spondylitis, reauthorization is required after 16 weeks to confirm reduction in signs and symptoms of disease. Quantity Limit: • Induction phase (psoriasis): 2 syringes/pens (160 mg) at weeks 0 and 1 syringe/pen (80 mg) at week 2, 4, 6, 8, 10, 12. • Induction phase (psoriatic arthritis and active ankylosing spondylitis): 2 syringes/pens (160 mg) at week 0 • Maintenance phase: 1 syringe/pen (80 mg) per 28 days

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

Gurpreet Rawat, MD, Chair
Pharmacy & Therapeutics Committee