

In PsO, PsA, AS, and nr-axSpA

Taltz is the preferred IL-17A antagonist on 2 out of the 3 largest PBMs¹

taltz[®]
(ixekizumab)
injection
80 mg/mL

A Lilly Medicine

PLAN	Taltz for PsO, PsA, AS, and nr-axSpA
Express Scripts [®] National Preferred Formulary	Preferred IL-17A antagonist
Cigna [®] Commercial	Preferred IL-17A antagonist
OptumRx [®] Select and Premium Formularies	Preferred IL-17A antagonist

Source: Data on File. Lilly USA, LLC. DOF-IX-US-0347 as of 10/2024, and is subject to change without notice by a health plan or state. Please contact the plan or state for the most current information. DEFINITION OF COVERAGE: on formulary, but may be subject to restrictions, step edits, tiering, prior authorizations.

Please see additional formulary plan information on next page.

Formulary coverage may not translate into individual patient access Learn about access for eligible commercially insured patients on reverse side

Taltz is **indicated** for patients aged 6 years or older with moderate-to-severe plaque psoriasis (PsO) who are candidates for systemic therapy or phototherapy. Taltz is also **indicated** for adults with active psoriatic arthritis (PsA), for adults with active ankylosing spondylitis (AS), and for adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

SELECT IMPORTANT SAFETY INFORMATION: CONTRAINDICATIONS

Taltz is contraindicated in patients with a previous serious hypersensitivity reaction, such as anaphylaxis, to ixekizumab or to any of the excipients.

Starting Taltz has never been easier:

SUPPORT FOR YOUR PATIENTS

In PsO, PsA, AS, and nr-axSpA Taltz is the:

PREFERRED IL-17A antagonist
on 2 out of the 3 largest PBMs.¹

Lilly Support Services[™] for Taltz[®] Savings Card

Access regardless of treatment history or formulary requirements for as little as \$5 or \$25 per month, for up to 24 months*

Government Beneficiaries Excluded. See next page for applicable Terms and Conditions.

Text to Start

Text "Taltz" to 85099 to access savings and support.



Lilly Together[™] App

Patients can set up a dosing plan and reminders, track symptom progress over time, view helpful resources, and share tracked information with their doctor.

Learn more about coverage at [TaltzAccess.com](https://www.taltzaccess.com)

PBMs - Pharmacy Benefit Managers

Please see [Prescribing Information](#) and [Medication Guide](#). See [Instructions for Use](#) included with the device.

TOOLS to get patients started

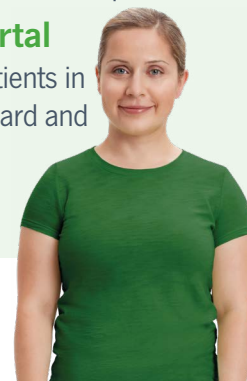
CoverMyMeds[®]

Prior authorization (PA) assistance available through CoverMyMeds for patients where a PA request is required.

Lilly Patient Support Provider Portal

Office sites will be able to digitally enroll patients in Lilly Support Services[™] for Taltz[®] Savings Card and utilize services to help with access and coverage assistance.

www.lillypatientsupport.com



Lilly
A MEDICINE COMPANY

Indications and Important Safety Information for Taltz (ixekizumab)

INDICATIONS

Taltz is indicated for patients aged 6 years or older with moderate-to-severe plaque psoriasis (PsO) who are candidates for systemic therapy or phototherapy. Taltz is also indicated for adults with active psoriatic arthritis (PsA), for adults with active ankylosing spondylitis (AS), and for adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

CONTRAINDICATIONS

Taltz is contraindicated in patients with a previous serious hypersensitivity reaction, such as anaphylaxis, to ixekizumab or to any of the excipients.

WARNINGS AND PRECAUTIONS

Infections

Taltz may increase the risk of infection. Serious infections have occurred. In clinical trials of adult patients with plaque psoriasis, the Taltz group had a higher rate of infections than the placebo group (27% vs 23%). A similar increase in risk of infection was seen in placebo-controlled trials of adult patients with psoriatic arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, and pediatric patients with plaque psoriasis. In the post-marketing setting, serious bacterial, viral, and fungal opportunistic infections have been reported in patients receiving IL-17 inhibitors, including Taltz. Instruct patients to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops a serious infection or is not responding to standard therapy, monitor the patient closely and discontinue Taltz until the infection resolves.

Pre-Treatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with Taltz. Do not administer to patients with active TB infection. Initiate treatment of latent TB prior to administering Taltz. Consider anti-TB therapy prior to initiating Taltz in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Patients receiving Taltz should be monitored closely for signs and symptoms of active TB during and after treatment.

Hypersensitivity

Serious hypersensitivity reactions, including angioedema and urticaria (each $\leq 0.1\%$), occurred in the Taltz group in clinical trials. Anaphylaxis, including cases leading to hospitalization, has been reported in post-marketing use with Taltz. If a serious hypersensitivity reaction occurs, discontinue Taltz immediately and initiate appropriate therapy.

ADDITIONAL FORMULARY INFORMATION

This information is not a guarantee of coverage or payment (partial or full) and is subject to change without notice by a health plan or state. Please contact the plan or state for the most current information. Actual benefits are determined by each plan administrator in accordance with its respective policy and procedures.

Employers and employer groups may also offer additional benefit designs, which may be different than described.

This list may not be an exhaustive list of all plans in your area and the coverage of other plans in your area may vary.

The company/plan names listed do not imply their endorsement of Lilly USA, LLC or the product(s) referenced.

Lilly USA, LLC does not endorse any particular plan. Other product and company names mentioned herein are the trademarks of their respective owners.

***Terms and Conditions:** Subject to Lilly USA, LLC's (Lilly's) right to terminate, rescind, revoke or amend the Taltz Savings Card Program ("Program") and the Taltz Savings Card ("Card") eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason, the Card expires and savings end on 12/31/2027 or 24 months after you first use the Card, whichever comes first. **Card savings are not available to patients without commercial drug insurance or who are enrolled in any state, federal, or government funded healthcare program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medicare Advantage, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state prescription drug assistance program.**

MONTHLY AND ANNUAL MAXIMUM SAVINGS: For patients with commercial drug insurance coverage for Taltz: You must have commercial drug insurance that covers Taltz® (ixekizumab) and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as \$5 for a 1-month prescription fill of Taltz. Month is defined as 28-days and up to 3 pens. Card savings are subject to a maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and a separate maximum annual savings of up to \$9,200 per calendar year. Card may be used for a maximum of up to 14 prescription fills per calendar year and a separate maximum of up to 24 prescription fills over the lifetime of the Program, subject to the maximum monthly and annual savings limit. Except where prohibited by applicable state law, Card monthly and annual savings are reduced if Lilly identifies that you are enrolled in a plan or program, sometimes called a maximizer plan, that adjusts your cost sharing amount to be equal to or include some portion of the savings provided by the Card and attempts to prevent the savings from this Card from being applied to your out-of-pocket costs, including but not limited to copayments, coinsurances, and deductibles ("Maximizer"). If the Program

Eczematous Eruptions

In the postmarketing setting, cases of severe eczematous eruptions, including atopic dermatitis-like eruptions, dyshidrotic eczema, and erythroderma were reported in patients receiving Taltz; some cases resulted in hospitalization. The onset of eczematous eruptions was variable, ranging from days to months after the first dose of Taltz. Treatment may need to be discontinued to resolve the eczematous eruption. Some patients with limited psoriasis treatment options were successfully treated for eczema while continuing Taltz.

Inflammatory Bowel Disease

Patients treated with Taltz may be at an increased risk of inflammatory bowel disease. In clinical trials, Crohn's disease and ulcerative colitis, including exacerbations, occurred at a greater frequency in the Taltz group than the placebo group. During Taltz treatment, monitor patients for onset or exacerbations of inflammatory bowel disease and if IBD occurs, discontinue Taltz and initiate appropriate medical management.

Immunizations

Prior to initiating therapy with Taltz, consider completion of all age-appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with Taltz.

ADVERSE REACTIONS

Most common adverse reactions ($\geq 1\%$) associated with Taltz treatment are injection site reactions, upper respiratory tract infections, nausea, and tinea infections. Overall, the safety profiles observed in adult patients with psoriatic arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, and pediatric patients with plaque psoriasis were consistent with the safety profile in adult patients with plaque psoriasis, with the exception of influenza and conjunctivitis in psoriatic arthritis and conjunctivitis, influenza, and urticaria in pediatric psoriasis.

Please see [Prescribing Information](#) and [Medication Guide](#). See [Instructions for Use](#) included with the device.

Taltz is available as an 80 mg/mL, 40 mg/0.5mL, 20 mg/0.25mL injection.

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identifies you are enrolled in a Maximizer, Card savings are reduced to a maximum annual savings of up to \$7,000 per calendar year. If you have reason to believe that the Program erroneously identified enrollment in a Maximizer, please call the Taltz Savings Card Program at 1-800-LillyRx (1-800-545-5979). Participation in the Program requires a valid patient HIPAA authorization upon enrollment into the Program. Subject to Lilly USA, LLC's right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions which may occur at Lilly's sole discretion, without notice, and for any reason. Card expires and savings end on 12/31/2027 or 24 months after you first use the Card, whichever comes first.

For patients with commercial drug insurance who do not have coverage for Taltz: You must have commercial drug insurance that does not cover Taltz and a prescription for an approved use consistent with FDA-approved product labeling to pay as little as \$25 for 1-month supply of Taltz. Month is defined as 28-days and up to 3 pens. Card savings are subject to a maximum monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges, up to a maximum of 14 prescription fills per calendar year and a separate maximum of up to 24 prescription fills over the lifetime of the Program. Participation in the Program requires submission of a prior authorization (PA) prior to the first prescription fill. If coverage is denied, an appeal must be submitted prior to 5th month prescription fill. To remain eligible for the Program, a new PA, appeal, or medical exception must be submitted prior to the 13th prescription fill and as required by Lilly at its sole discretion. Participation in the Program requires a valid patient HIPAA authorization to remain in the Program. Subject to Lilly USA, LLC's right to terminate, rescind, revoke, or amend Card eligibility criteria and/or Card terms and conditions, which may occur at Lilly's sole discretion, without notice, and for any reason. Card expires and savings end on 12/31/2027 or 24 months after you first use the Card, whichever comes first.

ADDITIONAL TERMS AND CONDITIONS:

You are responsible for any applicable taxes, fees, and any amount that exceeds the monthly or annual maximum benefits. Card activation is required. This Card may be terminated, rescinded, revoked, or amended by Lilly at any time without notice and for any reason. Subject to additional terms and conditions. Eligibility criteria and terms and conditions for the Taltz Savings Card Program may change from time to time at Lilly's sole discretion and for any reason; the most current version can be found at <https://taltz.lilly.com/savings-support>. Card benefits void where prohibited by law. **THIS CARD IS NOT INSURANCE.**

Please see [Important Safety Information](#) above and accompanying [Prescribing Information](#) and [Medication Guide](#). See [Instructions for Use](#) included with the device.

Reference:

1. Data on file. Lilly USA, LLC. DOF-IX-US-0347.

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(ixekizumab)
injection
80 mg/mL
A Lilly Medicine

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