taltz®
(ixekizumab)
injection
80 mg/mL

Prior Authorization Resource Guide

Help patients start and stay on Taltz

See inside for:

- Information you may need to fill out Taltz prior authorization forms
- Access and coverage resources for your patients, including:
  - How to get patients started using CoverMyMeds® or Taltz Together™
  - Taltz Together™ Savings Card Information

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Taltz is indicated for:

- Patients aged 6 or older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy
- Adults with active psoriatic arthritis
- Adults with active ankylosing spondylitis
- Adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation

Relevant Information to be Included in the Prior Authorization Request Form

It's important to submit an accurate and complete Prior Authorization to ensure your patient is able to start treatment.

! **DON'T FORGET TO INCLUDE CHART NOTES IN THE ATTACHMENTS SECTION OF THE PRIOR AUTHORIZATION.**

Taltz® (ixekizumab) Medical Information[1]

Recommended Dosing:

Adult moderate to severe PsO:	Recommended dosage is 160 mg (two 80 mg injections) at Week 0, followed by 80 mg at Weeks 2, 4, 6, 8, 10, and 12, then 80 mg every 4 weeks.
Pediatric moderate to severe PsO:	For patients weighing greater than 50 kg, recommended dosage is 160 mg (two 80 mg injections) at Week 0, followed by 80 mg every 4 weeks. For patients weighing 25-50 kg, recommended dosage is 80 mg at Week 0, followed by 40 mg every 4 weeks. For patients weighing less than 25 kg, recommended dosage is 40 mg at Week 0, followed by 20 mg every 4 weeks.
Adult active PsA:	For PsA patients without coexisting moderate-to-severe PsO, recommended dosage is 160 mg (two 80 mg injections) at week 0, followed by 80 mg every 4 weeks. For psoriatic arthritis patients with coexistent moderate-to-severe plaque psoriasis, use the dosing regimen for adult plaque psoriasis. Taltz may be administered alone or in combination with a conventional disease-modifying antirheumatic drug (DMARD) (e.g., methotrexate).
Adult AS:	Recommended dosage is 160 mg (two 80 mg injections) at Week 0, followed by 80 mg every 4 weeks.
Adult nr-axSpA:	Recommended dosage is 80 mg every 4 weeks.

Continuation of Therapy:

If the patient has already received Taltz, then request "continuation of therapy."

Taltz is intended for use under the guidance and supervision of a physician. Adult patients may self-inject or caregivers may give injections of 80 mg Taltz after training in subcutaneous injection technique using the autoinjector or prefilled syringe. Taltz doses of 20 mg or 40 mg must be prepared and administered by a qualified healthcare provider using aseptic technique. Evaluate patients for tuberculosis (TB) and complete all age-appropriate vaccinations prior to initiating treatment with Taltz.

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.

Please see additional Important Safety Information on page 7 and please see full Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.

Clinical Evidence Required For Coverage

! **DON'T FORGET TO INCLUDE AN ICD-10 CODE DIRECTLY ON YOUR PRIOR AUTHORIZATION**

Patient's condition (diagnosis) and Possible ICD-10 Codes*:

PsO:	L40.0	Plaque psoriasis		
PsA:	L40.50	Arthropathic psoriasis, unspecified		
	L40.51	Distal interphalangeal psoriatic arthropathy		
	L40.52	Psoriatic arthritis mutilans		
	L40.53	Psoriatic spondylitis		
	L40.59	Other psoriatic arthropathy		
AS:	M45.0	Ankylosing spondylitis of multiple sites in spine	M45.5	Ankylosing spondylitis of thoracolumbar region
	M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	M45.6	Ankylosing spondylitis of lumbar region
	M45.2	Ankylosing spondylitis of cervical region	M45.7	Ankylosing spondylitis of lumbosacral region
	M45.3	Ankylosing spondylitis of cervicothoracic region	M45.8	Ankylosing spondylitis of sacral and sacrococcygeal region
	M45.4	Ankylosing spondylitis of thoracic region	M45.9	Ankylosing spondylitis of unspecified sites in spine
nr-axSpA:	M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine	M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
	M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region	M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
	M45.A2	Non-radiographic axial spondyloarthritis of cervical region	M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
	M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region	M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
	M45.A4	Non-radiographic axial spondyloarthritis of thoracic region	M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine

Prior Medications:

List all therapies the patient has tried and failed in the past, including the patient's current treatment, the reasons they discontinued prior treatments, and when the patient was taking prior treatments (duration).

*The information herein is provided for educational purposes only. Lilly cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

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Getting your patients started on Taltz has never been easier

Choose the digital experience that works best for your office:

covermymeds® &

Lilly Patient Support Provider Portal

Both options allow your office to digitally enroll patients in Taltz Together and utilize services to help with access and coverage

- ✓ New, **easy-to-use digital enrollment** in Taltz Together
- ✓ **ePA** (electronic prior authorization) services
- ✓ **Convenient** options to obtain **patient HIPAA authorization signature**
- ✓ Prior Authorization **status updates**
- ✓ **Insurance eligibility** verification
- ✓ Patient **case management**
- ✓ **Field reimbursement manager support**

! **ENROLLING IN TALTZ TOGETHER WILL HELP COMMERCIAL PATIENTS GET ACCESS IF THE PRIOR AUTHORIZATION IS DENIED**

CoverMyMeds

How to get started:

1. Go to covermymeds.com to **create or log into your account**
2. Fill out a **PA Request form** and electronically submit the request for determination
3. **Upon PA determination***:

   PA Denial: CoverMyMeds will alert you to digitally enroll your patients in Taltz Together by completing the auto-populated enrollment form

   PA Approval: CoverMyMeds will alert you to e-mail your patients Taltz Together savings card information

*Enrollment in Taltz Together is recommended but not required.

Taltz Together™

How to get started:

1. Go to www.lillypatientsupport.com to **sign up or log into your account**
2. **Enroll your patient** into Taltz Together by completing the enrollment form
3. **Fill out the PA request** and click to electronically submit the request for determination
4. If **submitting** the prescription as part of the enrollment, Taltz Together™ will triage patient to correct specialty pharmacy based on coverage

If you need additional assistance, your Taltz Field Reimbursement Manager may be able to provide you with:

- Coverage authorization requirements for your patient's plan
- Online access to plan-specific forms, if available

Please see additional Important Safety Information on page 7 and please see full Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.

Taltz Together Summary, Appeals Resources and Reminders

! **PATIENTS CAN ACTIVATE SAVINGS AND SUPPORT BY TEXTING "TALTZ" TO 85099**

! **FOR TALTZ TOGETHER SUPPORT, CALL: 1-844-TALTZ-NOW (1-844-825-8966) HOURS: MONDAY-FRIDAY 8 A.M.-10 P.M. ET**

Taltz Together Enrollment Forms

To submit to Taltz Together, please fax the completed enrollment form to 1-844-344-8108 or upload online at patientsupportnow.org with code 8443448108. Taltz Together will connect patients with the appropriate contracted specialty pharmacy. Patients participating in Taltz Together will be able to choose the support services that best suit their individual needs.

- ✓ Adult Dermatology Enrollment Form
- ✓ Pediatric Dermatology Enrollment Form
- ✓ Adult Rheumatology Enrollment Form
- ✓ Coverage Authorization Request Letter
- ✓ Coverage Authorization Appeals Letter
- ✓ Letter of Medical Necessity

Taltz Together Savings Card

$5

IF PATIENTS HAVE **COMMERCIAL DRUG INSURANCE WITH A PLAN THAT COVERS TALTZ**, PATIENTS MAY BE ELIGIBLE TO PAY AS LITTLE AS $5 PER MONTH*

$25

IF PATIENTS HAVE **COMMERCIAL DRUG INSURANCE WITH A PLAN THAT DOES NOT COVER TALTZ**, PATIENTS MAY BE ELIGIBLE TO PAY AS LITTLE AS $25 PER MONTH*

***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 12/31/2026 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 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 $9,450 per calendar year. Card may be used for up to 14 prescription fills per year and up to a maximum of 24 prescription fills over the lifetime of the Program, subject to the maximum monthly and annual savings limit. 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 12/31/2026 or 24 months after you first use the Card, whichever comes first.

Please see additional Important Safety Information on page 7 and please see full Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.

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Helpful Reminders

- ✓ Don't forget to include chart notes in the "Attachments" section of the PA
- ✓ Don't forget to include an ICD-10 code directly on your PA; see page 3 for common information about Taltz
- ✓ Enrolling in Taltz Together will help commercial patients get access if the prior authorization is denied
- ✓ For additional support, reach out to your Lilly Field Reimbursement Manager, an experienced access professional, who can assist with understanding how to get started on Taltz
- ✓ For Taltz Together support, call: 1-844-TALTZ-NOW (1-844-825-8966)
  Hours: Monday-Friday 8 a.m.-10 p.m. ET
- ✓ Patients can activate savings and support by texting "Taltz" to 85099

Terms and Conditions (CONT.)

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 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 and a separate maximum annual savings. Card may be used for up to 14 prescription fills per year and up to a maximum of 24 prescription fills over the lifetime of the Program, subject to the maximum monthly and annual savings limit. 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 12/31/2026 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.com. Card benefits void where prohibited by law.

Please see additional Important Safety Information on page 7 and please see full Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.

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.

WARNINGS AND PRECAUTIONS

Infections

Taltz may increase the risk of infection. 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. Serious infections have occurred. Instruct patients to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a serious infection develops, 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. Closely monitor patients receiving Taltz for signs and symptoms of active TB during and after treatment.

Hypersensitivity

Serious hypersensitivity reactions, including angioedema and urticaria (each ≤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.

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 (≥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.
Please see Instructions for Use included with the device.

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Reference:

1. Taltz. Prescribing Information. Lilly USA, LLC.

taltz®
(ixekizumab)
injection
80 mg/mL