taltz® (ixekizumab) injection 80 mg/mL

A Lilly Medicine

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 Lilly Support Services™
  - Lilly Support Services™ Savings Card Information

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
- Adults with active psoriatic arthritis (PsA)
- Adults with active ankylosing spondylitis (AS)
- 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.

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

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Relevant Information to be Included in the Taltz Prior Authorization (PA) 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.

Ensure prescribed quantity on prescription (i.e., pens, syringes, mLs) matches the recommended dosing requirements

Taltz® (ixekizumab) Medical Information[1]

Continuation of Therapy: If the patient has already received Taltz (i.e., completed both loading and induction dosing requirements, if applicable), then request continuation of therapy.

Recommended Dosing

Adult moderate to severe PsO	**160 mg** (two 80 mg injections) Week 0	**80 mg** Weeks 2, 4, 6, 8, 10, and 12	**80 mg** maintenance every 4 weeks
Pediatric moderate to severe PsO	Weight >50 kg	**160 mg** (two 80 mg injections) Week 0	**80 mg** maintenance every 4 weeks
	Weight 25-50 kg	**80 mg** Week 0	**40 mg** maintenance every 4 weeks
	Weight <25 kg	**40 mg** Week 0	**20 mg** maintenance every 4 weeks
Adult active PsA	without coexisting moderate-to-severe PsO: **160 mg** (two 80 mg injections) at week 0	**80 mg** maintenance every 4 weeks	
	with coexisting moderate-to-severe PsO: use the dosing regimen for adult PsO		
	Taltz may be administered alone or in combination with a conventional disease-modifying antirheumatic drug (DMARD) (e.g., methotrexate).		
Adult AS	**160 mg** (two 80 mg injections) Week 0	**80 mg** maintenance every 4 weeks	
Adult nr-axSpA	**80 mg** every 4 weeks		

Note: Include chart notes that include documentation for at least 12 months or for as long as the patient has been on Taltz, if less than 12 months.

Taltz is intended for use under the guidance and supervision of a physician. Adult patients may self-inject or caregivers may give injections of Taltz after training in subcutaneous injection technique using the autoinjector or prefilled syringe. Evaluate patients for tuberculosis (TB) and complete all age-appropriate vaccinations prior to initiating treatment with Taltz.

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Clinical Evidence Required for Coverage

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).

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

Possible ICD-10 codes*	Patient's condition (diagnosis)			
PsO	**Plaque psoriasis**			
	L40.0			
PsA	**Psoriatic arthritis**			
	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	**Ankylosing spondylitis**			
	M45.0	multiple sites in spine	**M45.5**	thoracolumbar region
	M45.1	occipito-atlanto-axial region	**M45.6**	lumbar region
	M45.2	cervical region	**M45.7**	lumbosacral region
	M45.3	cervicothoracic region	**M45.8**	sacral and sacrococcygeal region
	M45.4	thoracic region	**M45.9**	unspecified sites in spine
nr-axSpA	**Non-radiographic axial spondyloarthritis**			
	M45.A0	unspecified sites in spine	**M45.A5**	thoracolumbar region
	M45.A1	occipito-atlanto-axial region	**M45.A6**	lumbar region
	M45.A2	cervical region	**M45.A7**	lumbosacral region
	M45.A3	cervicothoracic region	**M45.A8**	sacral and sacrococcygeal region
	M45.A4	thoracic region	**M45.AB**	multiple sites in spine

*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® or Lilly Support Services™

Both options allow your office to digitally enroll patients in Lilly Support Services™ for Taltz® and utilize services to help with access and coverage

- ✓ New, **easy-to-use digital enrollment** in Lilly Support Services™
- ✓ **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**

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ENROLLING IN LILLY SUPPORT SERVICES™ 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 Lilly Support Services™ by completing the auto-populated enrollment form
   - **PA Approval:** CoverMyMeds will alert you to e-mail your patients Lilly Support Services™ savings card information

*Enrollment in Lilly Support Services™ is recommended but not required.

Lilly Support services™

How to get started:

1. Go to www.lillypatientsupport.com to **sign up or log into your account**
2. **Enroll your patient** into Lilly Support Services™ 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, Lilly Support Services™ 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. Please see full Prescribing Information and Medication Guide for Taltz. See Instructions for Use included with the device.

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If the Prior Authorization is denied, utilize one of the Enhanced Specialty Pharmacy Partners for a faster and smoother start experience

Lilly Support Services™ Summary, Appeals Resources and Reminders

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

FOR LILLY SUPPORT SERVICES™ FOR TALTZ®, CALL: 1-800-LILLYRX (1-800-545-5979)
HOURS: MONDAY-FRIDAY 8 A.M.-10 P.M. ET

Enrollment Forms

To submit to Lilly Support Services™, please fax the completed enrollment form to 1-844-344-8108 or upload online at patientsupportnow.org with code 8443448108. Lilly Support Services™ will connect patients with the appropriate contracted specialty pharmacy. Patients participating in Lilly Support Services™ 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 Appeals Resource
- Letter of Medical Necessity

Step Therapy Protection Information

To learn more about step therapy legislations, exception request forms, and additional resources for each state, click here.

Taltz 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*

Governmental beneficiaries excluded, terms and conditions apply.

***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 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**.

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Helpful Reminders

- ✓ Offices can send in 1 complete prescription or separate prescriptions for each dosing phase (i.e., for PsO, 1 prescription with the complete loading dose, induction and maintenance instructions (8 pens to match what is required for the entire induction dosing) or 3 separate prescriptions for each phase of dosing)
- ✓ Don't forget to include chart notes in the "Attachments" section of the PA (include chart notes that include documentation for at least 12 months or for as long as the patient has been on Taltz, if less than 12 months)
- ✓ Don't forget to include an ICD-10 code directly on your PA, see page 3
- ✓ For the PA, if the patient has already received Taltz (i.e., completed both loading and induction dosing requirements, if applicable), then request "continuation of therapy". Otherwise, select "initiation" for the PA if the patient still needs to complete the loading and/or induction dosing, if applicable
- ✓ Plans may require multiple PAs (2 or 3 total) for each treatment phase for Taltz depending on the indication (i.e., separate PAs for treatment phases: loading and/or induction; maintenance)
    - If the Prior Authorization is denied, utilize one of the **Enhanced Specialty Pharmacy Partners** for a faster and smoother start experience
    - 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
- ✓ Enrolling in Lilly Support Services™ for Taltz® will help commercial patients get access if the prior authorization is denied
- ✓ For Lilly Support Services™, call: **1-800-LillyRx** (1-800-545-5979)
  Hours: Monday-Friday 8 a.m.-10 p.m. ET
- ✓ Patients can activate savings and support by texting "Taltz" to 85099

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Indications and Important Safety Information for Taltz (ixekizumab)

INDICATIONS

Taltz is 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. Taltz is also indicated for patients aged 6 years or older with moderate-to-severe plaque psoriasis (PsO) who are candidates for systemic therapy or phototherapy.

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 ≤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.

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 (≥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.

IX HCP ISI 20AUG2024

Reference:

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

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