TITLE: IXEKIZUMAB (TALTZ®)

EFFECTIVE DATE: April 26, 2016

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY
These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage.

With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE
To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determines the medical necessity of ixekizumab (Taltz®). The Coverage issues box below outlines the process for addressing the needs of individuals who do not meet these criteria.

MEDICAL NECESSITY CRITERIA
I. Indication
   a. Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy

II. Written documentation from the medical record must include:
   a. Documentation confirming the diagnosis of plaque psoriasis
      i. Documentation that medication is prescribed by a dermatologist
      ii. Documentation of a three (3) month trial of conventional or disease modifying therapies such as methotrexate, cyclosporine, acitretin, or phototherapy
      iii. Documentation of previous treatment with one first-line self-administered anti-TNF agent (preferred first-line agents are Enbrel and Humira) AND one second-line self- administered anti-TNF agent (preferred second-line agent is Cosentyx).
## COVERAGE ISSUES

1. Prior authorization is required.
2. Medica must receive a completed General Prior Authorization Form. Complete all fields and fax the form to the MedImpact Prior Authorization Department at 1-858-790-7100 or call 1-800-788-2949.
3. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member’s coverage document.
4. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual’s case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeal process in their Medica administrative handbook.

### References: