

Reference number
1739-H

SPECIALTY QUANTITY LIMIT PROGRAM

TALTZ (ixekizumab)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Taltz (ixekizumab) 80 mg/mL prefilled syringe/autoinjector	1 syringe/ autoinjector per 28 days	8 syringes/ autoinjectors per 84 days	Plaque psoriasis: <ul style="list-style-type: none"> 160 mg at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10, and 12, then 80 mg every 4 weeks Psoriatic arthritis: <ul style="list-style-type: none"> 160 mg at week 0, followed by 80 mg every 4 weeks Ankylosing spondylitis: <ul style="list-style-type: none"> 160 mg at week 0, followed by 80 mg every 4 weeks

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

III. REFERENCE

- Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; August 2019.