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Subject: Ixekizumab (Taltz®) Injection

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DESCRIPTION:

Ixekizumab (Taltz) was approved by the US Food and Drug Administration (FDA) in March 2016 for moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. In December 2017, the FDA-approved indications for use were expanded to include the treatment of adults with active psoriatic arthritis (PsA). In August 2019, the FDA granted approval for the treatment of adult patients with active ankylosing spondylitis. In March 2020, the indication for plaque psoriasis was expanded to include pediatric patients 6 to less than 18 years of age. In May 2020, the FDA granted approval for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation. In May 2022, a new, citrate-free formulation of ixekizumab injection was FDA-approved and then released in August 2022. The new formulation reduced injection site pain experienced by some people immediately following injection. The original formulation will only remain on the market until it is replaced by the citrate-free formulation (timing unknown); both products share the same NDC. Ixekizumab is a humanized IgG4 monoclonal antibody that selectively binds to the interleukin-17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. Secukinumab (Cosentyx), approved by the FDA in January 2015 for moderate to severe plaque psoriasis, was the first-in-class biologic agent to target IL-17. Interleukin-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Elevated concentrations of IL-17A are found in psoriatic plaques. Ixekizumab inhibits the release of proinflammatory cytokines and chemokines.

RHEUMATOID DISORDERS

Ankylosing spondylitis (AS)

Ankylosing spondylitis (AS) is a form of chronic inflammatory arthritis characterized by sacroiliitis, enthesitis, and a marked propensity for sacroiliac joint and spinal fusion. AS is distinguished by universal

involvement with sacroiliac joint inflammation or fusion and more prevalent spinal ankylosis. Goals of treatment for AS are to reduce symptoms, maintain spinal flexibility and normal posture, reduce functional limitations, maintain work ability, and decrease disease complications. The mainstay of treatment has been NSAIDs and exercise, with the additional use of DMARDs in patients with peripheral arthritis. The American College of Rheumatology (ACR), Spondylitis Association of America (SAA), and Spondyloarthritis Research and Treatment Network (SPARTAN) recommend the following pharmacological treatment for AS:

- Stable AS: First line therapy with on demand NSAIDs; there is also a conditional recommendation for continuation of TNF inhibitor as monotherapy
- Active AS:
    - First line therapy with continuous NSAIDs and physical therapy
    - TNF inhibitor recommended for patients with active AS despite an adequate trial with NSAIDs
        - Lack of response (or intolerance) to at least 2 different NSAIDs over 1 month or incomplete response to at least 2 different NSAIDs over 2 months would be an adequate NSAID trial to judge response
    - Recommendations for nonresponse to TNF therapy (all conditional):
        - Primary nonresponse: switch to secukinumab or ixekizumab over another TNF
        - Secondary nonresponse: switch to another TNF over a non-TNF biologic
        - Recommend against addition of sulfasalazine or MTX
        - Recommend against switching to a biosimilar of the failed TNF
    - TNF-inhibitors are conditionally recommended over secukinumab or ixekizumab
    - Secukinumab or ixekizumab are conditionally recommended over DMARDs in patients that have failed NSAIDs and have contraindications to TNF-inhibitors
    - DMARDs (i.e., methotrexate [MTX], sulfasalazine, leflunomide, pamidronate, thalidomide, apremilast) are only conditionally recommended in patients that have failed NSAIDs and have contraindications to TNF-inhibitors
    - Methotrexate is not recommended as add on therapy to TNF inhibitors in stable and active AS
    - If patient has concomitant inflammatory bowel disease (IBD) or recurrent uveitis, TNF-inhibitors are recommended over other biologics
    - Glucocorticoids are not recommended

Nonradiographic Axial Spondyloarthritis (nr-axSpA)

Nonradiographic axial spondyloarthritis (nr-axSpA) falls under the same spondyloarthritis family as ankylosing spondylitis (AS). Nr-axSpA includes patients with chronic back pain and features suggestive of spondyloarthritis (SpA), but do not meet the classification of AS. The goals of treatment are to reduce symptoms, maintain spinal flexibility and normal posture, reduce functional limitations, maintain work ability, and decrease disease complications. The mainstay of treatment has been NSAIDs and exercise, with the additional use of DMARDs in patients with peripheral arthritis. The American College of

Rheumatology (ACR), Spondylitis Association of America (SAA), and Spondyloarthritis Research and Treatment Network (SPARTAN) recommendation for nr-axSpA are the same as AS:

- Stable SpA: conditional recommendation for on-demand treatment with NSAIDs
- Active SpA:
    - First line therapy with continuous NSAIDs and physical therapy
    - TNF inhibitor conditionally recommended for patients with active SpA despite an adequate trial with NSAIDs
        - Lack of response (or intolerance) to at least 2 different NSAIDs over 1 month or incomplete response to at least 2 different NSAIDs over 2 months would be an adequate NSAID trial to judge response
    - TNF-inhibitors are conditionally recommended over secukinumab or ixekizumab
    - Secukinumab or ixekizumab are conditionally recommended over DMARDs in patients that have failed NSAIDs and have contraindications to TNF-inhibitors
    - Recommendations for nonresponse to TNF therapy (all conditional):
        - Primary nonresponse: switch to secukinumab or ixekizumab over another TNF
        - Secondary nonresponse: switch to another TNF over a non-TNF biologic
        - Recommend against addition of sulfasalazine or MTX
        - Recommend against switching to a biosimilar of the failed TNF
    - DMARDs (i.e., methotrexate, sulfasalazine, leflunomide, pamidronate, thalidomide, apremilast) are only conditionally recommended in patients that have failed NSAIDs and have contraindications to TNF-inhibitors
    - Methotrexate is not recommended as add on therapy to TNF inhibitors in stable and active AS
    - If patient has concomitant inflammatory bowel disease or recurrent uveitis, TNF-inhibitors are recommended over other biologics
    - Glucocorticoids are not recommended

Psoriatic Arthritis (PsA)

Psoriatic arthritis (PsA) is a chronic inflammatory musculoskeletal disease associated with psoriasis, most commonly presenting with peripheral arthritis, dactylitis, enthesitis, and spondylitis. Treatment involves the use of a variety of interventions, including many agents used for the treatment of other inflammatory arthritis, particularly spondyloarthritis and RA, and other management strategies of the cutaneous manifestations of psoriasis.

The American Academy of Dermatology (AAD) recommends initiating MTX in most patients with moderate to severe PsA. After 12 to 16 weeks of MTX therapy with appropriate dose escalation, the AAD recommends adding or switching to a TNF inhibitor if there is minimal improvement on MTX monotherapy.

The American College of Rheumatology (ACR) and the National Psoriasis Foundation (NPF) guidelines for PsA recommend a treat-to-target approach in therapy, regardless of disease activity, and the following:

- Active PsA is defined as symptoms at an unacceptably bothersome level as reported by the patient and health care provider to be due to PsA based on the presence of one of the following:
    - Actively inflamed joints
    - Dactylitis
    - Enthesitis
    - Axial disease
    - Active skin and/or nail involvement
    - Extraarticular manifestations such as uveitis or inflammatory bowel disease
- Disease severity includes level of disease activity at a given time point and the presence/absence of poor prognostic factors and long-term damage
- Severe PsA disease includes the presence of 1 or more of the following:
    - Erosive disease
    - Elevated markers of inflammation (ESR, CRP) attributable to PsA
    - Long-term damage that interferes with function (i.e., joint deformities)
    - Highly active disease that causes a major impairment in quality of life
    - Active PsA at many sites including dactylitis, enthesitis
    - Function limiting PsA at a few sites
    - Rapidly progressive disease
- Symptomatic treatments include nonsteroidal anti-inflammatory drugs (NSAIDs), glucocorticoids, local glucocorticoid injections
- Treatment recommendations for active disease:
    - Treatment naïve patients first line options include oral small molecules (OSM), TNF biologics, IL-17 inhibitor, and IL-12/23 inhibitor
        - OSM (i.e., methotrexate [MTX], sulfasalazine, cyclosporine, leflunomide, apremilast) should be considered if the patient does not have severe PsA, does not have severe psoriasis, prefers oral therapy, has concern over starting a biologic, or has contraindications to TNF inhibitor
        - Biologics (i.e., TNF biologic, IL-17 inhibitor, IL-12/23 inhibitor) are recommended as a first line option in patients with severe PsA and/or severe psoriasis
    - Previous treatment with OSM and continued active disease:
        - Switch to a different OSM (except apremilast) in patients without severe PsA or severe PS, contraindications to TNF biologics, prefers oral therapy OR add on apremilast to current OSM therapy
        - May add another OSM (except apremilast) to current OSM therapy for patients that have exhibited partial response to current OSM in patients without severe PsA or severe PS, contraindications to TNF biologics, or prefers oral therapy
        - Biologic (i.e., TNF biologic, IL-17 inhibitor, IL-12/23 inhibitor) monotherapy

- Previous treatment with a biologic (i.e., TNF biologic, IL-17 inhibitor, IL-12/23 inhibitor) and continued active disease:
  - Switch to another biologic (i.e., TNF biologic, IL-17 inhibitor, IL-12/23 inhibitor, abatacept, or tofacitinib) monotherapy or add MTX to the current TNF biologic

DERMATOLOGICAL DISORDERS

Psoriasis (PS)

Psoriasis (PS) is a chronic inflammatory skin condition that is often associated with systemic manifestations, especially arthritis. Diagnosis is usually clinical, based on the presence of typical erythematous scaly patches, papules, and plaques that are often pruritic and sometimes painful.

Treatment goals for psoriasis include improvement of skin, nail, and joint lesions plus enhanced quality of life.

The American Academy of Family Physicians (AAFP) categorizes psoriasis severity into mild to moderate (less than 5% of body surface area [BSA]) and moderate to severe (5% or more of BSA). The AAFP psoriasis treatment guidelines recommend basing treatment on disease severity:

- Mild to moderate (less than 5% of BSA and sparing the genitals, hands, feet, and face):
  - Candidate for intermittent therapy: topical corticosteroids, vitamin D analogs (calcipotriene and calcitriol), or tazarotene (Tazorac)
  - Candidate for continuous therapy: calcineurin inhibitors (tacrolimus and pimecrolimus)
- Severe (5% or more of BSA or involving the genitals, hands, feet, and face):
  - Less than 20% of BSA affected: vitamin D analogs (calcipotriene and calcitriol) with or without phototherapy. These agents have a slower onset of action but a longer disease-free interval than topical corticosteroids
  - 20% or more of BSA affected: systemic therapy with MTX, cyclosporine, acitretin, or biologics. Biologics are recommended for those with concomitant PsA
- Less commonly used topical therapies include non-medicated moisturizers, salicylic acid, coal tar, and anthralin

The American Academy of Dermatology (AAD) and National Psoriasis Foundation (NPF) categorize psoriasis severity as limited or mild (less than 3% of BSA), moderate (3% to 10% of BSA), or severe (greater than 10% of BSA). The AAD/NPF guidelines also note that psoriasis can be considered severe irrespective of BSA when it occurs in select locations (e.g., hands, feet, scalp, face, or genital area) or when it causes intractable pruritus. The AAD psoriasis treatment guidelines recommend the following:

- Mild to moderate disease (less than 5% of BSA):
  - Topical corticosteroids (strength of recommendation A)
  - Off-label use of 0.1% tacrolimus for psoriasis involving the face as well as inverse psoriasis (strength of recommendation B)

- Long-term use (up to 52 weeks) of topical vitamin D analogs including calcipotriene, calcitriol, tacalcitol, and maxacalcitol (strength of recommendation A)
- Use of calcipotriene foam and calcipotriene plus betamethasone dipropionate gel for the treatment of mild to moderate scalp psoriasis (strength of recommendation A)
- Use of tacalcitol ointment or calcipotriene combined with hydrocortisone for facial psoriasis (strength of recommendation B)
- Vitamin D analogs in combination with topical corticosteroids (strength of recommendation A)
- Topical tazarotene alone or in combination with narrowband ultraviolet B (NB-UVB) (strength of recommendation B), or topical corticosteroids (strength of recommendation A)
- Topical salicylic acid alone or in combination with topical corticosteroids (strength of recommendation B)
- Coal tar preparations (strength of evidence A)

- Moderate to severe disease without PsA (5% or more of BSA or psoriasis in vulnerable areas [e.g., face, genitals, hands, and feet] that adversely affects quality of life):
  - Methotrexate (adults) (strength of evidence A)
  - Methotrexate is less effective than TNF-inhibitors (strength of evidence B)
  - Combination therapy with methotrexate and NB-UVB (adult patients) (strength of evidence B)
  - Cyclosporine for patients with severe, recalcitrant (strength of recommendation A), erythrodermic, generalized pustular, and/or palmoplantar psoriasis (strength of recommendation B)
  - Acitretin as monotherapy or in combination with psoralen plus ultraviolet light (PUVA) or broad band ultraviolet light (BB-UVA [strength of evidence B])
  - If UV-therapy is unavailable, first line therapies include MTX, cyclosporine, acitretin, and biologics
  - Apremilast (strength of recommendation A)
  - TNF-α inhibiters monotherapy (strength of evidence A) or in combination with topical corticosteroids with or without a vitamin D analogue (strength of evidence B) or in combination with acitretin (strength of evidence C)
  - TNF-α inhibitors should be considered as a preferred treatment option for patients with concomitant PsA
  - Infliximab (strength of evidence A)
  - IL-12/IL-23 Inhibitors monotherapy (strength of evidence A) or in combination with topical corticosteroids with or without a vitamin D analogue (strength of evidence C) or in combination with acitretin or methotrexate (strength of evidence B)
  - IL-12/IL-23 inhibitors in combination with apremilast or cyclosporine (strength of evidence C)
  - IL-17 inhibitors monotherapy (strength of evidence A)
  - IL-23 inhibitors monotherapy for moderate to severe plaque psoriasis or as monotherapy for generalized pustular psoriasis (strength of evidence B)

*Strength of recommendation and descriptions

Strength of recommendation	Description
A	Recommendation based on consistent and good-quality patient-oriented evidence
B	Recommendation based on inconsistent or limited-quantity patient-oriented evidence
C	Recommendation based on consensus, opinion, case studies, or disease-oriented evidence

Biologics are routinely used when one or more traditional systemic agents fail to produce adequate response, but are considered first line in patients with moderate to severe psoriasis with concomitant severe PsA. Primary failure is defined as initial nonresponse to treatment. Primary failure to a TNF-α inhibitor does not preclude successful response to a different TNF-α inhibitor. Failure of another biologic therapy does not preclude successful response to ustekinumab.

The National Psoriasis Foundation (NPF) medical board recommend a treat-to-target approach to therapy for psoriasis that include the following:

- The preferred assessment instrument for determining disease severity is BSA
- Target response after treatment initiation should be BSA ≤1% after 3 months
- Acceptable response is either a BSA ≤3% or a BSA improvement ≥75% from baseline at 3 months after treatment initiation

POSITION STATEMENT:

Comparative Effectiveness

The Food and Drug Administration has deemed the drug(s) or biological product(s) in this coverage policy to be appropriate for self-administration or administration by a caregiver (i.e., not a healthcare professional). Therefore, coverage (i.e., administration) in a provider-administered setting such as an outpatient hospital, ambulatory surgical suite, physician office, or emergency facility is not considered medically necessary.

NOTE: The list of self-administered products with prerequisites for certain indications can be found at Preferred Agents and Drug List.

Initiation of ixekizumab (Taltz) **meets the definition of medical necessity** when **ALL** of the following are met ("1" to "5"):

1. **ONE** of the following ("a", "b", or "c"):
    a. The member has been treated with ixekizumab (starting on samples is not approvable) within the past 90 days
    b. The prescriber states the member has been treated with ixekizumab (starting on samples is not approvable) within the past 90 days **AND** is at risk if therapy is changed

c. **BOTH** of the following ('i" and "ii"):

i. Ixekizumab will be used for the treatment of an indication listed in Table 1, and **ALL** of the indication-specific criteria are met

ii. **EITHER** of the following if the member has an FDA-approved indication ("I" or "II")

I. The member's age is within FDA labeling for the requested indication for ixekizumab

II. The prescriber has provided information in support of using ixekizumab for the member's age for the requested indication

2. The prescriber is a specialist in the area of the member's diagnosis (e.g., rheumatologist for PsA, dermatologist for PS) or the prescriber has consulted with a specialist in the area of the member's diagnosis

3. Member does **NOT** have any FDA labeled contraindications to ixekizumab

4. Member will **NOT** be using ixekizumab in combination with another biologic immunomodulator agent (full list in "Other" section); Janus kinase (JAK) inhibitor [Cibinqo (abrocitinib), Leqselvi (deuruxolitinib), Litfulo (ritlecitinib), Olumiant (baricitinib), Opzelura (ruxolitinib), Rinvoq (upadacitinib), Xeljanz (tofacitinib), and Xeljanz XR (tofacitinib extended release)]; Otezla (apremilast); Sotyktu (deucravacitinib); or sphingosine-1-phosphate (S1P) modulator [Velsipity (etrasimod) and Zeposia (ozanimod)]

5. **ANY** of the following ("a", "b", "c", or "d"):

a. The dosage does not exceed

i. Loading dose

- AS and PsA: Initial dose of 160 mg (2 x 80 mg) at week 0, then maintenance doses starting 4 weeks later (i.e., week 4)
- Adult PS (18 years and older) and PS with PsA: Initial dose of 160 mg (2 x 80 mg) at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10, and 12, then maintenance doses starting 4 weeks later (i.e., week 16)
- Pediatric PS (6 to 17 years):
  - Greater than 50 kg - 80 mg every 4 weeks (28 days) - Initial dose of 160 mg (2 x 80 mg) at week 0 then maintenance dosing starting 4 weeks later
  - 25 to 50 kg - 40 mg every 4 weeks (28 days) - Initial dose of 80 mg at week 0 then maintenance dosing starting 4 weeks later
  - Less than 25 kg - 20 mg every 4 weeks (28 days) - Initial dose of 40 mg at week 0 then maintenance dosing starting 4 weeks later
- nr-axSpA: No loading dose

ii. Maintenance dose – **EITHER** of the following:

- PS in adults (18 years and older), PsA, AS, and nr-axSpA - 80 mg every 4 weeks (28 days)
  - QL: 80 mg/mL autoinjector - 1 syringe/28 days
  - QL: 80 mg/mL syringe - 1 syringe/28 days

- PS in pediatrics (6 to 17 years old):
  - Greater than 50 kg - 80 mg every 4 weeks (28 days)
    - QL: 80 mg/mL autoinjector - 1 pen/28 days
    - QL: 80 mg/mL syringe - 1 syringe/28 days
  - 25 to 50 kg - 40 mg every 4 weeks (28 days)
    - QL: 40 mg/0.5 mL syringe - 1 syringe/28 days
  - Less than 25 kg - 20 mg every 4 weeks (28 days)
    - QL: 20 mg/0.25 mL syringe - 1 syringe/28 days

b. The member has an FDA labeled indication for the requested agent, **AND EITHER** of the following ("i" or "ii"):

   i. The requested quantity (dose) does **NOT** exceed the maximum FDA labeled dose for the requested indication, AND the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength and/or package size that does not exceed the program quantity limit

   ii. **ALL** of the following ("1", "2", and "3"):

      1. The requested quantity (dose) exceeds the FDA maximum labeled dose for the requested indication
      2. The member has tried and had an inadequate response to at least a 3-month trial of the maximum FDA labeled dose for the requested indication (medical records required)
      3. **EITHER** of the following ("a" or "b"):
         a. The requested quantity (dose) does **NOT** exceed the maximum compendia supported dose for the requested indication, **AND** the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength/and or package size that does not exceed the program quantity limit
         b. The requested quantity (dose) exceeds the maximum FDA labeled dose **AND** the maximum compendia supported dose for the requested indication, **AND** there is support for therapy with a higher dose or shortened dosing interval for the requested indication (submitted copy of clinical trials, phase III studies, guidelines required)

c. The member has a compendia supported indication for the requested agent, **AND EITHER** of the following ("i" or "ii"):

   i. The requested quantity (dose) does **NOT** exceed the maximum compendia supported dose for the requested indication, **AND** the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength/and or package size that does not exceed the program quantity limit

   ii. The requested quantity (dose) exceeds the maximum compendia supported dose for the requested indication, **AND** there is support for therapy with a higher dose or shortened dosing interval for the requested indication (submitted copy of clinical trials, phase III studies, guidelines required)

d. The member does **NOT** have an FDA labeled indication **NOR** a compendia supported indication for the requested agent, **AND BOTH** of the following ("i" and "ii"):

   i. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength and/or package size that does not exceed the program quantity limit

   ii. There is support for therapy with a higher dose or shortened dosing interval for the requested indication (submitted copy of clinical trials, phase III studies, guidelines required)

Compendia Allowed: AHFS, DrugDex 1 or 2a level of evidence, or NCCN 1 or 2a recommended use

Approval duration:

- AS and PsA - Loading dose (doses on week 0) for 1 month, then maintenance dose for 11 additional months [12 months for total duration of approval]
- Adult PS and Adult PS with PsA - Loading dose (doses on week weeks 0, 2, 4, 6, 8, 10, and 12) for 4 months, then maintenance dose for 8 additional months [12 months for total duration of approval]
- nr-axSpA and other indications – 12 months

Table 1

Diagnosis	Criteria
Active psoriatic arthritis (PsA)	**BOTH** of the following: 1. **ONE** of the following: a. The member has tried and had an inadequate response to **ONE** conventional agent (i.e., cyclosporine, leflunomide, methotrexate, sulfasalazine) used in the treatment of PsA after at least a 3-month duration of therapy **OR** b. The member has an intolerance or hypersensitivity to **ONE** of the conventional agents used in the treatment of PsA **OR** c. The member has an FDA labeled contraindication to **ALL** of the conventional agents used in the treatment of PsA **OR** d. The member has severe active PsA (e.g., erosive disease, elevated markers of inflammation [e.g., ESR, CRP] attributable to PsA, long-term damage that interferes with function [i.e., joint deformities], rapidly progressive) **OR** e. The member has concomitant severe psoriasis (PS) (e.g., greater than 10% body surface area involvement, occurring on select locations [i.e., hands, feet, scalp, face, or genitals], intractable pruritus, serious emotional consequences) **OR** f. The member's medication history indicates use of another biologic immunomodulator agent **OR** Otezla that is FDA labeled

	or supported in DrugDex with 1 or 2a level of evidence or AHFS for the treatment of PsA 2. **ANY** of the following (submitted medical records/chart notes are required for confirmation): a. The member has tried and had an inadequate response to at least **TWO** of the following preferred products after at least a 3-month trial per product: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Rinvoq/Rinvoq LQ (upadacitinib) • Simlandi (adalimumab-ryvk) • Skyrizi (risankizumab-rzaa) • Stelara (ustekinumab) • Tremfya (guselkumab) • Xeljanz/Xeljanz XR (tofacitinib) **OR** b. The member has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to **TWO** of the following: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Rinvoq/Rinvoq LQ (upadacitinib) • Simlandi (adalimumab-ryvk) • Skyrizi (risankizumab-rzaa)

	• Stelara (ustekinumab) • Tremfya (guselkumab) • Xeljanz/Xeljanz XR (tofacitinib) **OR** c. The member has an FDA labeled contraindication to **ALL** of the following: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Simlandi (adalimumab-ryvk) • Rinvoq/Rinvoq LQ (upadacitinib) • Skyrizi (risankizumab-rzaa) • Stelara (ustekinumab) • Tremfya (guselkumab) • Xeljanz/Xeljanz XR (tofacitinib) **OR** d. **ALL** of the following are not clinically appropriate for the member, **AND** the prescriber has provided a complete list of previously tried agents for the requested indication: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Rinvoq/Rinvoq LQ (upadacitinib) • Simlandi (adalimumab-ryvk)

	• Skyrizi (risankizumab-rzaa) • Stelara (ustekinumab) • Tremfya (guselkumab) • Xeljanz/Xeljanz XR (tofacitinib)
Moderate to severe plaque psoriasis (PS)	**BOTH** of the following: 1. **ONE** of the following: a. The member has tried and had an inadequate response to **ONE** conventional agent (i.e., acitretin, anthralin, calcipotriene, calcitriol, coal tar products, cyclosporine, methotrexate, pimecrolimus, PUVA [phototherapy], tacrolimus, tazarotene, topical corticosteroids) used in the treatment of PS after at least a 3-month duration of therapy **OR** b. The member has an intolerance or hypersensitivity to **ONE** conventional agent used in the treatment of PS **OR** c. The member has an FDA labeled contraindication to **ALL** conventional agents used in the treatment of PS **OR** d. The member has severe active PS (e.g., greater than 10% body surface area involvement, occurring on select locations [i.e., hands, feet, scalp, face, or genitals], intractable pruritus, serious emotional consequences) **OR** e. The member has concomitant severe psoriatic arthritis (PsA) (e.g., erosive disease, elevated markers of inflammation [e.g., ESR, CRP] attributable to PsA, long-term damage that interferes with function [i.e., joint deformities], rapidly progressive) **OR** f. The member's medication history indicates use of another biologic immunomodulator agent OR Otezla that is FDA labeled or supported in DrugDex with 1 or 2a level of evidence or AHFS for the treatment of PS 2. **ANY** of the following (submitted medical records/chart notes are required for confirmation):

	a. The member has tried and had an inadequate response to at least **THREE** of the following preferred products after at least a 3-month trial per product: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Simlandi (adalimumab-ryvk) • Skyrizi (risankizumab) • Sotyktu (deucravacitinib) • Stelara (ustekinumab) • Tremfya (guselkumab) **OR** b. The member has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to **THREE** of the following: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Simlandi (adalimumab-ryvk) • Skyrizi (risankizumab) • Sotyktu (deucravacitinib) • Stelara (ustekinumab) • Tremfya (guselkumab) **OR**

	c. The member has an FDA labeled contraindication to **ALL** of the following: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Simlandi (adalimumab-ryvk) • Skyrizi (risankizumab) • Sotyktu (deucravacitinib) • Stelara (ustekinumab) • Tremfya (guselkumab) **OR** d. **ALL** of the following are not clinically appropriate for the member, **AND** the prescriber has provided a complete list of previously **tried** agents for the requested indication: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Otezla (apremilast) • Simlandi (adalimumab-ryvk) • Skyrizi (risankizumab) • Sotyktu (deucravacitinib) • Stelara (ustekinumab) • Tremfya (guselkumab)
Active ankylosing spondylitis (AS)	**BOTH** of the following: 1. **ONE** of the following:

	a. The member has tried and had an inadequate response to **TWO** different NSAIDs used in the treatment of AS after at least a 4-week total trial **OR** b. The member has an intolerance or hypersensitivity to **TWO** different NSAIDs used in the treatment of AS **OR** c. The member has an FDA labeled contraindication to **ALL** NSAIDs used in the treatment of AS **OR** d. The member's medication history indicates use of another biologic immunomodulator agent that is FDA labeled or supported in DrugDex with 1 or 2a level of evidence or AHFS for the treatment of AS 2. **ANY** of the following (submitted medical records/chart notes are required for confirmation): a. The member has tried and had an inadequate response to at least **TWO** of the following preferred products after at least a 3-month trial per product: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Rinvoq (upadacitinib) • Simlandi (adalimumab-ryvk) • Xeljanz/Xeljanz XR (tofacitinib) **OR** b. The member has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to **TWO** of the following: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab)

	• Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Rinvoq (upadacitinib) • Simlandi (adalimumab-ryvk) • Xeljanz/Xeljanz XR (tofacitinib) **OR** c. The member has an FDA labeled contraindication to **ALL** of the following: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Rinvoq (upadacitinib) • Simlandi (adalimumab-ryvk) • Xeljanz/Xeljanz XR (tofacitinib) **OR** d. **ALL** of the following are not clinically appropriate for the patient, **AND** the prescriber has provided a complete list of previously tried agents for the requested indication: • Adalimumab-aaty • Adalimumab-adaz • Cosentyx (secukinumab) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Humira (adalimumab) • Rinvoq (upadacitinib) • Simlandi (adalimumab-ryvk) • Xeljanz/Xeljanz XR (tofacitinib)

Active non-radiographic axial spondyloarthritis (nr-axSpA)	**BOTH** of the following: 1. **ONE** of the following: a. The member has tried and had an inadequate response to **TWO** different NSAIDs used in the treatment of nr-axSpA after at least a 4-week total trial **OR** b. The member has an intolerance or hypersensitivity to **TWO** different NSAIDs used in the treatment of AS **OR** c. The member has an FDA labeled contraindication to **ALL** NSAIDs used in the treatment of nr-axSpA **OR** d. The member's medication history indicates use of another biologic immunomodulator agent that is FDA labeled or supported in DrugDex with 1 or 2a level of evidence or AHFS for the treatment of nr-axSpA 2. **ANY** of the following (submitted medical records/chart notes are required for confirmation): a. The member has tried and had an inadequate response to at least **TWO** of the following preferred products after at least a 3-month trial per product: • Cimzia (certolizumab pegol) • Cosentyx (secukinumab) • Rinvoq (upadacitinib) **OR** b. The member has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) to at least **TWO** of the following: • Cimzia (certolizumab pegol) • Cosentyx (secukinumab) • Rinvoq (upadacitinib) **OR** c. The member has an FDA labeled contraindication to **ALL** of the following: • Cimzia (certolizumab pegol)

	• Cosentyx (secukinumab) • Rinvoq (upadacitinib) **OR** d. **ALL** of the following are not clinically appropriate for the member, **AND** the prescriber has provided a complete list of previously tried agents for the requested indication: • Cimzia (certolizumab pegol) • Cosentyx (secukinumab) • Rinvoq (upadacitinib)
Other indications	The member has another FDA labeled indication or an indication supported in DrugDex with 1 or 2a level of evidence, AHFS, or NCCN compendium recommended use 1 or 2a

Continuation of ixekizumab (Taltz) **meets the definition of medical necessity** when **ALL** of the following are met ("1" to "6"):

1. An authorization or reauthorization for ixekizumab has been previously approved by Florida Blue [Note: members not previously approved for the requested agent will require initial evaluation review]
2. Member has had clinical benefit with ixekizumab therapy
3. The prescriber is a specialist in the area of the member's diagnosis (e.g., rheumatologist for PsA, dermatologist for PS) or the prescriber has consulted with a specialist in the area of the member's diagnosis
4. Member does **NOT** have any FDA labeled contraindications to ixekizumab
5. Member will **NOT** be using ixekizumab in combination with another biologic immunomodulator agent (full list in "Other" section); Janus kinase (JAK) inhibitor [Cibinqo (abrocitinib), Leqselvi (deuruxolitinib), Litfulo (ritlecitinib), Olumiant (baricitinib), Opzelura (ruxolitinib), Rinvoq (upadacitinib), Xeljanz (tofacitinib), and Xeljanz XR (tofacitinib extended release)]; Otezla (apremilast); Sotyktu (deucravacitinib); or sphingosine-1-phosphate (S1P) modulator [Velsipity (etrasimod) and Zeposia (ozanimod)]
6. **ANY** of the following ("a", "b", "c", or "d"):
    a. The dosage does not exceed the following:
        i. PS in adults (18 years and older), PsA, AS, and nr-axSpA - 80 mg every 4 weeks (28 days)
            - QL: 80 mg/mL autoinjector - 1 pen/28 days
            - QL: 80 mg/mL syringe - 1 syringe/28 days
        ii. PS in pediatrics (6 to 17 years old):
            - Greater than 50 kg - 80 mg every 4 weeks (28 days)

- QL: 80 mg/mL autoinjector - 1 pen/28 days
- QL: 80 mg/mL syringe - 1 syringe/28 days

- 25 to 50 kg - 40 mg every 4 weeks (28 days)
  - QL: 40 mg/0.5 mL syringe - 1 syringe/28 days
- Less than 25 kg - 20 mg every 4 weeks (28 days)
  - QL: 20 mg/0.25 mL syringe - 1 syringe/28 days

b. The member has an FDA labeled indication for the requested agent, **AND EITHER** of the following ("i" or "ii"):

   i. The requested quantity (dose) does **NOT** exceed the maximum FDA labeled dose for the requested indication, **AND** the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength and/or package size that does not exceed the program quantity limit

   ii. **ALL** of the following ("1", "2", and "3"):

      1. The requested quantity (dose) exceeds the FDA maximum labeled dose for the requested indication
      2. The member has tried and had an inadequate response to at least a 3-month trial of the maximum FDA labeled dose for the requested indication (medical records required)
      3. **EITHER** of the following ("a" or "b"):
         a. The requested quantity (dose) does **NOT** exceed the maximum compendia supported dose for the requested indication, **AND** the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength/and or package size that does not exceed the program quantity limit
         b. The requested quantity (dose) exceeds the maximum FDA labeled dose **AND** the maximum compendia supported dose for the requested indication, **AND** there is support for therapy with a higher dose or shortened dosing interval for the requested indication (submitted copy of clinical trials, phase III studies, guidelines required)

c. The member has a compendia supported indication for the requested agent, **AND EITHER** of the following ("i" or "ii"):

   i. The requested quantity (dose) does **NOT** exceed the maximum compendia supported dose for the requested indication, **AND** the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength/and or package size that does not exceed the program quantity limit

   ii. The requested quantity (dose) exceeds the maximum compendia supported dose for the requested indication, AND there is support for therapy with a higher dose or shortened dosing interval for the requested indication (submitted copy of clinical trials, phase III studies, guidelines required)

d. The member does **NOT** have an FDA labeled indication **NOR** a compendia supported indication for the requested agent, **AND BOTH** of the following ("i" and "ii"):

   i. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength and/or package size that does not exceed the program quantity limit

   ii. There is support for therapy with a higher dose or shortened dosing interval for the requested indication (submitted copy of clinical trials, phase III studies, guidelines required)

Compendia Allowed: AHFS, DrugDex 1 or 2a level of evidence, or NCCN 1 or 2a recommended use

Approval duration: 12 months

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved

- Indicated for (1) the treatment of patients 6 years of age and older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy, (2) the treatment of adult patients with active psoriatic arthritis (PsA), and (3) the treatment of adult patients with active ankylosing spondylitis (AS), and (4) the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.
- Administered by subcutaneous injection. The recommended dose is for adult plaque psoriasis 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. Dosing for pediatric PS (6 to <18 years old) is weight based. Refer to the product labeling for the recommended loading and maintenance dosing. The recommended dose for PsA and AS is 160 mg by subcutaneous injection (two 80 mg injections) at week 0, followed by 80 mg every 4 weeks. For PsA patients with coexistent moderate-to-severe plaque psoriasis, use the dosing regimen for plaque psoriasis. For nr-axSpA the recommended dose is 80 mg every 4 weeks (no loading dose). For PsA patients, ixekizumab may be administered alone or in combination with a csDMARD (e.g., methotrexate).
- Ixekizumab is intended for use under the guidance and supervision of a physician. Patients may self-inject after training in subcutaneous injection technique using the autoinjector or prefilled syringe. Administer each injection at a different anatomic location (such as upper arms, thighs or any quadrant of abdomen) than the previous injection, and not into areas where the skin is tender, bruised, erythematous, indurated or affected by psoriasis. Administration the upper, outer arm may be performed by a caregiver or healthcare provider. If the 20 and 40 mg prefilled syringes are unavailable, doses of 20 mg or 40 mg must be prepared and administered by a qualified healthcare professional. Use only the commercial 80 mg/1 mL prefilled syringe when preparing the prescribed 20 mg and 40 mg pediatric dose.
- Before injection, remove ixekizumab from the refrigerator and allow to reach room temperature (30 minutes) without removing the needle cap.

Dose Adjustments

- Specific guidelines for dosage adjustments in hepatic or renal impairment are not available; it appears no dosage adjustments are needed

Drug Availability

- Autoinjector - 80 mg/mL solution in a single-dose prefilled autoinjector (cartons of 1, 2, or 3)
- Prefilled Syringe - 80 mg/mL, 40 mg/0.5 mL, and 20 mg/0.25 mL solution in a single-dose prefilled syringe (carton of 1)

PRECAUTIONS:

Boxed Warning

- None

Contraindications

- Patients with a previous serious hypersensitivity reaction, such as anaphylaxis, to ixekizumab or to any of the excipients

Precautions/Warnings

- **Infections**: 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 ixekizumab until the infection resolves.
- **Tuberculosis (TB)**: Evaluate for TB prior to initiating treatment. Do not administer to patients with active TB infection. Initiate treatment of latent TB prior to administering ixekizumab. Consider anti-TB therapy prior to initiating in patients with a history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Patients receiving ixekizumab 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 clinical trials. Anaphylaxis, including cases leading to hospitalization, has been reported in post marketing use. If a serious allergic reaction occurs, discontinue ixekizumab immediately and initiate appropriate therapy.
- **Eczematous Eruptions**: In the postmarketing setting, cases of severe eczematous eruptions were reported in patients receiving ixekizumab. Treatment may need to be discontinued to resolve the eczematous eruption.
- **Inflammatory Bowel Disease**: Crohn's disease and ulcerative colitis, including exacerbations, occurred during clinical trials. Patients who are treated with ixekizumab and have inflammatory bowel disease should be monitored closely.
- **Adverse Reactions**: Most common (≥1%) adverse reactions associated with ixekizumab treatment are injection site reactions, upper respiratory tract infections, nausea, and tinea infections.
- **Immunizations:** Prior to initiating therapy with ixekizumab, consider completion of all age-appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with ixekizumab. No data are available on the response to live or inactive vaccines.
- **Pregnancy:** There are no available data on ixekizumab use in pregnant women to inform any drug associated risks. Human IgG is known to cross the placental barrier; therefore, ixekizumab may be transmitted from the mother to the developing fetus. An embryofetal development study conducted in pregnant monkeys at doses up to 19 times the maximum recommended human dose (MRHD) revealed no evidence of harm to the developing fetus.
- **Pediatric Use:** The safety and effectiveness of ixekizumab in pediatric patients (<18 years of age) have not been evaluated.

- **Cytochrome P450 Substrates:** The formation of CYP450 enzymes can be altered by increased levels of certain cytokines (e.g., IL-1, IL-6, IL-10, TNFα, IFN) during chronic inflammation. Thus, ixekizumab, an antagonist of IL-17A, could normalize the formation of CYP450 enzymes. Therefore, upon initiation or discontinuation in patients who are receiving concomitant drugs which are CYP450 substrates, particularly those with a narrow therapeutic index, consider monitoring for effect (e.g., for warfarin) or drug concentration (e.g., for cyclosporine) and consider dosage modification of the CYP450 substrate.

BILLING/CODING INFORMATION:

HCPCS Coding

J3590	Unclassified biologics

ICD-10 Diagnosis Codes That Support Medical Necessity

L40.0	Psoriasis vulgaris
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
M45.0 – M45.9	Ankylosing spondylitis
M45.A0 – M45.AB	Non-radiographic axial spondyloarthritis
M46.81 – M46.89	Other specified inflammatory spondylopathies

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Part D: Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

Medicare Advantage: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

DEFINITIONS:

DMARDs: An acronym for disease-modifying antirheumatic drugs. These are drugs that modify the rheumatic disease processes, and slow or inhibit structural damage to cartilage and bone. These drugs are unlike symptomatic treatments such as NSAIDs that do not alter disease progression. DMARDs can be further subcategorized. With the release of biologic agents (e.g., anti-TNF drugs), DMARDs were

divided into either: (1) conventional, traditional, synthetic, or non-biological DMARDs; or as (2) biological DMARDs. However, with the release of newer targeted non-biologic drugs and biosimilars, DMARDs are now best categorized as: (1) conventional synthetic DMARDs (csDMARD) (e.g., MTX, sulfasalazine), (2) targeted synthetic DMARDs (tsDMARD) (e.g., baricitinib, tofacitinib, apremilast), and (3) biological DMARDs (bDMARD), which can be either a biosimilar DMARD (bsDMARD) or biological originator DMARD (boDMARD).

Plaque psoriasis: It is the most common form of psoriasis. It affects 80 to 90% of people with psoriasis. Plaque psoriasis typically appears as raised areas of inflamed skin covered with silvery white scaly skin. These areas are called plaques.

Psoriatic arthritis (PsA): joint inflammation that occurs in about 5% to 10% of people with psoriasis (a common skin disorder). It is a severe form of arthritis accompanied by inflammation, psoriasis of the skin or nails, and a negative test for rheumatoid factor. Enthesitis refers to inflammation of entheses, the site where ligaments or tendons insert into the bones. It is a distinctive feature of PsA and does not occur with other forms of arthritis. Common locations for enthesitis include the bottoms of the feet, the Achilles' tendons, and the places where ligaments attach to the ribs, spine, and pelvis.

RELATED GUIDELINES:

Adalimumab Products, 09-J0000-46
Apremilast (Otezla) Tablet, 09-J2000-19
Bimekizumab (Bimzelx), 09-J4000-70
Brodalumab (Siliq) Injection, 09-J2000-74
Certolizumab Pegol (Cimzia), 09-J0000-77
Deucravacitinib (Sotyktu), 09-J4000-37
Etanercept (Enbrel), 09-J0000-38
Golimumab (Simponi, Simponi Aria), 09-J1000-11
Guselkumab (Tremfya), 09-J2000-87
Infliximab Products, 09-J0000-39
Psoralens with Ultraviolet A (PUVA), 09-10000-16
Risankizumab (Skyrizi), 09-J3000-45
Secukinumab (Cosentyx), 09-J2000-30
Tildrakizumab-asmn (Ilumya), 09-J3000-04
Ustekinumab (Stelara), 09-J1000-16

OTHER:

NOTE: The list of biologic immunomodulator agents not permitted as concomitant therapy can be found at Biologic Immunomodulator Agents Not Permitted as Concomitant Therapy.

. Table 2: Conventional Synthetic DMARDs

Generic Name	Brand Name
Auranofin (oral gold)	Ridaura
Azathioprine	Imuran
Cyclosporine	Neoral, Sandimmune

Hydroxychloroquine	Plaquenil
Leflunomide	Arava
Methotrexate	Rheumatrex, Trexall
Sulfasalazine	Azulfidine, Azulfidine EN-Tabs

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 11/13/24.

GUIDELINE UPDATE INFORMATION:

06/15/16	New Medical Coverage Guideline.
10/15/17	Review and revision to guideline consisting of updating description, position statement, dosage/administration, definitions, related guidelines, and references.
01/01/18	Revision to guideline consisting of updating the preferred self-administered biologic products according to indication for use. Secukinumab (Cosentyx) is now a preferred product for plaque psoriasis.
01/15/18	Revision to guideline consisting of the description section, position statement, dosage/administration, billing/coding information, related guidelines, definitions, and referenced, based on the new FDA-approved indication for the treatment of adults with active psoriatic arthritis.
07/01/18	Revision to guideline consisting of updating the position statement.
10/15/18	Review and revision to guideline consisting of updating the position statement and references.
07/01/19	Revision to guideline consisting of updating the position statement.
09/01/19	Revision to guideline consisting of updating the position statement.
10/15/19	Review and revision to guideline consisting of updating the description, position statement, dosage/administration, billing/coding, definitions, other section, and references.
01/01/20	Revision to guideline consisting of updating the position statement due to changes in preferred and non-preferred products.
07/01/20	Revision to guideline consisting of updating the description, position statement, dosage/administration, definitions, other, and references.
01/01/21	Review and revision to guideline consisting of updating the position statement and references.
03/15/21	Revision to guideline consisting of updating Table 1 in the position statement.
10/01/21	Revision: Addition of new ICD-10 code range M45.A0 – M45.AB.
11/15/21	Revision to guideline consisting of updating the position statement.
01/01/22	Review and revision to guideline consisting of updating the position statement, other section, and references.
02/15/22	Update to Table 1 in Position Statement.
03/15/22	Revision to guideline consisting of updating the position statement and other section.
05/15/22	Update to Table 1 in Position Statement.
07/15/22	Revision to guideline consisting of updating the position statement.
09/15/22	Revision to guideline consisting of updating the description, position statement, and references.
01/01/23	Review and revision to guideline consisting of updating the position statement, other section, and references. Rinvoq was added as a preferred agent for nr-AxSpA. New drugs were added to the list of drugs that are not permitted for use in combination.
04/15/23	Revision to guideline consisting of updating the position statement and other section.

07/01/23	Revision to guideline consisting of updating the position statement and other section. Amjevita and Hadlima added as Step 1a agents. Humira biosimilar products aded to list of Biologic Immunomodulator Agents Not Permitted as Concomitant Therapy.
01/01/24	Review and revision to guideline consisting of updating the position statement, other section, and references. Amjevita low concentration [10 mg/0.2 mL, 20 mg/0.4 mL, and 40 mg/0.8 mL concentrations only] clarified as the preferred prerequisite product. Update to Table 1 in Position Statement. New drugs were added to the list of drugs that are not permitted for use in combination.
07/01/24	Revision to guideline consisting of updating the description, position statement, related guidelines, and other section. Amjevita low concentration removed as a required prerequisite agent. Updates to the positioning of agents in Table 1. Removal of latent TB testing requirement. New drugs added to the list of Biologic Immunomodulator Agents Not Permitted as Concomitant Therapy.
10/01/24	Revision to guideline consisting of updating the position statement. Updates to Table 1. Simlandi added among the required prerequisite agents for Taltz for AS, PS, and PsA. Rinvoq LQ added among the required prerequisite agents for Taltz for PsA.
01/01/25	Review and revision to guideline consisting of updating the position statement, dosage/administration, precautions, other section, and references. Adalimumab-aaty and Adalimumab-adaz added among the prerequisite therapies for AS, PsA, and PS. Sotyktu added among the prerequisite therapies for PS. Update to original Table 1 which is now a link out from the Position Statement. Table titles update. Weight-based dosing for pediatric PS added to the Position Statement. Revised wording regarding maximum dosage exceptions. New drugs were added to the list of drugs that are not permitted for use in combination.