PRIOR AUTHORIZATION REQUEST

Taltz

ixekizumab · IL-17A inhibitor · Eli Lilly

Request: ☐ Initial ☐ Reauthorization ☐ Appeal (attach denial) ☐ Exception (formulary or tier)

Review: ☐ Standard ☐ Expedited (health seriously jeopardized)

Date: _____ **Plan fax:** _____

Pharmacy benefit, self-injected. Always Part D for Medicare. Label revised August 2025; four indications, no changes since. Formulary position is the whole story: preferred on the 2026 ESI National Preferred Formulary and Cigna, excluded for most UnitedHealthcare commercial benefits.

A PATIENT

PATIENT NAME | DATE OF BIRTH | SEX | MEMBER ID

GROUP # | PLAN / PBM | RX BIN | RX PCN | RX GROUP

PATIENT PHONE | HEIGHT | WEIGHT (KG) | WEIGHT DATE

B PRESCRIBER

PRESCRIBER NAME | NPI | SPECIALTY

PRACTICE / CLINIC | OFFICE CONTACT | PHONE

FAX | EMAIL (OPTIONAL) | DISPENSING PHARMACY | PHARMACY PHONE / FAX

C MEDICATION REQUESTED

check the product; write dose, frequency and quantity

☐ 80 mg/mL autoinjector ☐ 80 mg/mL prefilled syringe ☐ 40 mg/0.5 mL syringe (pediatric 25 to 50 kg)

☐ 20 mg/0.25 mL syringe (pediatric under 25 kg)

DOSE AND FREQUENCY REQUESTED | QUANTITY PER FILL | DAYS' SUPPLY | REFILLS

LOADING OR INDUCTION QUANTITY REQUESTED (IF ANY)

Labeled regimens and quantity limits are on the reference page.

D DIAGNOSIS

check the indication and write the specific ICD-10-CM code

INDICATION	LABEL AGE	ICD-10-CM
☐ Moderate-to-severe plaque psoriasis	6+	L40.0
☐ Active psoriatic arthritis	18+	L40.50 to L40.59
☐ Active ankylosing spondylitis	18+	M45.x
☐ Active nr-axSpA with objective inflammation	18+	M45.A0 to M45.AB (some plans still list M46.8)

PRIMARY ICD-10-CM CODE(S) SUBMITTED | DATE OF DIAGNOSIS | OTHER RELEVANT DIAGNOSES / COMORBIDITIES

E CLINICAL CRITERIA

complete the block for the indication requested

Plaque psoriasis

BSA ____ % (UHC ≥3%) PASI ____ sPGA ____ DLQI ____ Special sites: ☐ palms/soles ☐ face ☐ genitals ☐ severe scalp ☐ nails Photos attached ☐

Conventional systemic or phototherapy ≥3 months: ☐ methotrexate (maximal dose _____) ☐ cyclosporine ☐ acitretin ☐ phototherapy ☐ contraindicated (reason _____) Topicals tried ☐

Pediatric weight ____ kg (drives 20/40/80 mg)

PsA / AS / nr-axSpA

Tender ____ Swollen ____ joints ☐ enthesitis ☐ dactylitis BASDAI/ASDAS ____ CRP ____ (ULN ____) HLA-B27 ____

Imaging: ☐ SI-joint X-ray (AS) ☐ MRI sacroiliitis (nr-axSpA needs CRP above ULN and/or MRI)

PsA: csDMARD ≥3 months _____ AS/nr-axSpA: two NSAIDs at maximal dose ≥4 weeks each: 1) _____ 2) _____

Preferred alternatives (where the plan requires them)

Preferred biologics tried, with dates and outcome: ☐ adalimumab product ☐ Enbrel ☐ Cosentyx ☐ Skyrizi ☐ Tremfya ☐ ustekinumab product ☐ Cimzia ☐ Sotyktu ☐ Icotyde ☐ other _____

☐ Taltz is preferred on this plan (ESI NPF, Cigna, Optum Rx Select/Premium per Lilly); no biologic step applies

F PRIOR AND CURRENT THERAPIES

samples and free goods usually do not count

List topicals, phototherapy and conventional systemics (PsO), csDMARDs (PsA), both NSAIDs (axial disease), and every prior biologic or JAK, naming the plan's preferred agents explicitly, with dose, dates, duration and outcome. Lilly asks for 12 months of chart notes.

DRUG (CLASS)	DOSE	START	STOP	DURATION	OUTCOME / REASON STOPPED

G SCREENING AND LABS

TB test date _____ result _____ (within 12 months; Lilly's appeal letter cites it)

Hepatitis B _____ IBD history ☐ none ☐ yes (IL-17 class warning; FEP flags active Crohn's/UC)

H PRESCRIBER ATTESTATIONS

☐ Will not be combined with another biologic or targeted synthetic immunomodulator

☐ Prescribed by or in consultation with dermatology (PsO) or rheumatology (axial disease); either for PsA

☐ Adult PsO induction quantity (8 x 80 mg in 12 weeks) requested separately from q4w maintenance

I REAUTHORIZATION

complete for renewals

Months on therapy ____ Fill history ☐

Baseline vs current: PASI/BSA ____ / ____ joint counts ____ / ____ BASDAI/CRP ____ / ____

J ATTACHMENTS

☐ 12 months of chart notes (Lilly PA Resource Guide)

☐ Photos and severity scores (PsO)

☐ SI-joint imaging and CRP (axial disease)

☐ Preferred-agent trial documentation where the plan steps

☐ Chart notes from the last 6 to 12 months documenting diagnosis, severity and treatment history

☐ Pharmacy fill history or records for each prior therapy listed (samples and manufacturer free goods usually do not count)

☐ Copy of the pharmacy benefit card (front and back)

☐ Letter of medical necessity, if the plan requires one

☐ For appeals: the denial letter, quoting the denial reason verbatim in your response

I certify that the information provided is accurate and supported by the patient's medical record, and that the requested medication is medically necessary for this patient.

PRESCRIBER SIGNATURE _____ DATE _____ PRINTED NAME AND CREDENTIALS _____

BEFORE YOU SEND · REFERENCE PAGE

Taltz: what plans ask, and what to attach

Snapshot of posted criteria as of September 2026. Confirm the patient's plan; wording changes.

Lilly Support Services for Taltz
1-800-LillyRx (1-800-545-5979)
Fax 1-844-344-8108 (enrollment)
ePA: CoverMyMeds

LABELED REGIMENS AND QUANTITY LIMITS

INDICATION	DOSE AND SCHEDULE
Plaque psoriasis (adults)	160 mg week 0, then 80 mg at weeks 2, 4, 6, 8, 10, 12, then 80 mg every 4 weeks (8 x 80 mg in the first 12 weeks)
Plaque psoriasis (6 to 17)	>50 kg: 160 mg then 80 mg q4w; 25 to 50 kg: 80 mg then 40 mg q4w; <25 kg: 40 mg then 20 mg q4w
Psoriatic arthritis, AS	160 mg week 0, then 80 mg every 4 weeks (use PsO regimen with coexistent moderate-to-severe PsO)
nr-axSpA	80 mg every 4 weeks, no loading dose

Quantity limits: Adult PsO induction is 8 x 80 mg in the first 12 weeks, which exceeds a standard q4w edit; FEP renewal limit is 3 per 84 days. Pediatric strengths must match the weight band.

WHAT PLANS ASK

CVS Caremark FEP (5.90.018, April 2026)

Conventional systemic or phototherapy failure for PsO (if intolerant to one, try the other); one csDMARD ≥3 months for PsA; ≥2 NSAIDs for axial disease; no preferred-product requirement; TB negative or treated. 12 months, renewal 18 months.

Express Scripts / Cigna (PSM, July 2026; ESI NPF 2026)

Taltz is a preferred agent for PsO, PsA, AS and nr-axSpA; no biologic step. Expect the standard 3-month conventional systemic requirement for PsO.

Optum Rx / UnitedHealthcare (July 2026)

'Taltz is excluded from coverage for the majority of our benefits.' Adults need topical failure, 3-month methotrexate and failure of three preferred biologics (plus a JAK or abatacept for PsA/AS). Pediatric PsO needs Cosentyx, Enbrel, Icotyde or ustekinumab first.

Medicare Part D

No 2026 Part D criteria entry could be retrieved; treat formulary presence as plan-specific. Where covered, expect diagnosis plus specialist, one conventional systemic or NSAIDs, TB, no dual biologics, plan-year approval. Where not covered, file a formulary exception with the Lilly LMN.

TOP DENIAL REASONS

1. Formulary exclusion or preferred-agent step (UHC commercial); check formulary status before anything else.
2. Methotrexate or conventional systemic step under 3 months without a contraindication.
3. Induction quantity: 8 x 80 mg in 12 weeks rejected by a q4w quantity edit; request it explicitly.
4. nr-axSpA without CRP above ULN or MRI sacroiliitis.
5. Pediatric strength mismatch (20 mg and 40 mg syringes for under 25 kg and 25 to 50 kg).

MEDICARE

Always Part D. Savings card unavailable to Part D members; Lilly Cares is the manufacturer assistance route. Where Taltz is non-formulary, the request is a formulary exception rather than a PA. Not on the 2028 negotiation list (Cosentyx is).

RECENT CHANGES TO WATCH

Lilly's forms still list M46.8 for nr-axSpA; the specific M45.Ax codes have been in effect since October 2023.

MANUFACTURER SUPPORT

Program: Lilly Support Services for Taltz

Phone: 1-800-LillyRx (1-800-545-5979)

Fax: 1-844-344-8108 (enrollment)

Electronic PA: CoverMyMeds

Savings card is commercial only: $5/month with coverage, up to 24 months.

RESOURCES AND SOURCE DOCUMENTS

- Prior authorization resource guide (Lilly, Oct 2025)
- Letter of medical necessity (Lilly)
- Coverage appeal letter, built around step-therapy denials (Lilly)
- Lilly Support Services enrollment form, dermatology
- Lilly Support Services enrollment form, rheumatology
- Formulary access summary (Lilly, Nov 2025)
- Prescribing information (Aug 2025)
- CVS Caremark FEP criteria
- UnitedHealthcare medical necessity policy