ixekizumab (Taltz®)

Policy # 00513
Original Effective Date: 09/01/2016
Current Effective Date: 04/18/2018

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage
Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Plaque Psoriasis
Based on review of available data, the Company may consider ixekizumab (Taltz®)‡ for the treatment of adult patients with plaque psoriasis to be **eligible for coverage.**

Patient Selection Criteria
Coverage eligibility for ixekizumab (Taltz) will be considered when the following criteria are met:

- Patient has a diagnosis of moderate to severe plaque psoriasis; AND
- Patient is 18 years of age or older; AND
- Patient has a negative TB (tuberculosis) test (e.g. purified protein derivative [PPD], blood test) prior to treatment; AND
- Patient is a candidate for phototherapy or systemic therapy; AND
- Taltz is NOT used in combination with other biologic disease-modifying anti-rheumatic drugs (DMARDs), such as adalimumab (Humira®)‡ or etanercept (Enbrel®)‡ OR other drugs such as apremilast (Otezla®)‡ or tofacitinib (Xeljanz/XR®)‡; AND
- Patient has greater than 10% of body surface area (BSA) OR less than or equal to 10% BSA with plaque psoriasis involving sensitive areas or areas that would significantly impact daily function (such as palms, soles of feet, head/neck or genitalia); AND
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient has failed treatment with TWO of the following after at least TWO months of therapy with EACH product: adalimumab (Humira), apremilast (Otezla), ustekinumab (Stelara®)‡, or secukinumab (Cosentyx®)‡, unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient; AND
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- Patient has failed to respond to an adequate trial of one of the following treatment modalities:
  - Ultraviolet B; or
  - Psoralen positive Ultraviolet A; or
  - Systemic therapy (i.e. methotrexate [MTX], cyclosporine, acitretin).
    *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

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Psoriatic Arthritis
Based on review of available data, the Company may consider ixekizumab (Taltz) for the treatment of active psoriatic arthritis to be **eligible for coverage.**

Patient Selection Criteria
Coverage eligibility for ixekizumab (Taltz) will be considered when the following criteria are met:
- Patient has a diagnosis of active psoriatic arthritis; AND
- Patient is 18 years of age or older; AND
- Patient has a negative TB test (e.g. purified protein derivative [PPD], blood test) prior to treatment; AND
- Taltz is NOT used in combination with other biologic DMARDs, such as adalimumab (Humira) or etanercept (Enbrel) OR other drugs such as apremilast (Otezla) or tofacitinib (Xeljanz/XR); AND
- Patient has failed treatment with one or more DMARDs; AND
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient has failed treatment with TWO of the following after at least TWO months of therapy with EACH product: etanercept (Enbrel), adalimumab (Humira), ustekinumab (Stelara) or secukinumab (Cosentyx®‡) unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient; AND *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

When Services Are Considered Not Medically Necessary
Based on review of available data, the Company considers the use of ixekizumab (Taltz) when any of the following criteria for their respective disease state listed below (and denoted in the patient selection criteria above) are not met to be **not medically necessary**:**
- For plaque psoriasis:
  - Patient has failed treatment with at least TWO of the following products after at least TWO months of therapy with each product: adalimumab (Humira), apremilast (Otezla), ustekinumab (Stelara), or secukinumab (Cosentyx)
  - Patient has greater than 10% of BSA OR less than or equal to 10% BSA with plaque psoriasis involving sensitive areas or areas that would significantly impact daily function (such as palms, soles of feet, head/neck or genitalia)
  - Patient has failed to respond to an adequate trial of one of the following treatment modalities:
    - Ultraviolet B; or
    - Psoralen positive Ultraviolet A; or
    - Systemic therapy (i.e. methotrexate [MTX], cyclosporine, acitretin)
- For psoriatic arthritis:
  - Patient has failed treatment with one or more DMARDs

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- Patient has failed treatment with TWO of the following after at least TWO months of therapy with EACH product: etanercept (Enbrel), adalimumab (Humira), ustekinumab (Stelara) or secukinumab (Cosentyx).

When Services Are Considered Investigational
Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of ixekizumab (Taltz) when patient selection criteria are not met to be **investigational*** (with the exception of those denoted above as **not medically necessary**).**

Based on review of available data, the Company considers the use of ixekizumab (Taltz) for indications other than those listed above to be **investigational.***

Background/Overview

Taltz is a humanized interleukin-17A (IL-17A) antagonist indicated for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy as well as for the treatment of active psoriatic arthritis. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Taltz inhibits the release of pro-inflammatory cytokines and chemokines. Taltz is administered by subcutaneous injection. The recommended dose 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.

Plaque Psoriasis
Psoriasis is a common skin condition that is caused by an increase in production of skin cells. It is characterized by frequent episodes of redness, itching and thick, dry silvery scales on the skin. It is most commonly seen on the trunk, elbows, knees, scalp, skin folds and fingernails. This condition can appear suddenly or gradually and may affect people of any age; it most commonly begins between the ages of 15 and 35. Psoriasis is not contagious. It is an inherited disorder related to an inflammatory response in which the immune system produces too much tumor necrosis factor-alpha (TNF-alpha). It may be severe in immunosuppressed people or those who have other autoimmune disorders such as rheumatoid arthritis. Treatment is focused on control of the symptoms and prevention of secondary infections. Lesions that cover all or most of the body may be acutely painful and require hospitalization. The body loses vast quantities of fluid and becomes susceptible to severe secondary infections that can involve internal organs and even progress to septic shock. Typical treatments for severe cases of plaque psoriasis include ultraviolet therapy or systemic therapies such as MTX or cyclosporine. Newer biologic therapies are also approved for the treatment of plaque psoriasis.

Psoriatic Arthritis
Psoriatic arthritis is an arthritis that is often associated with psoriasis of the skin. Typically first line treatments such as DMARDs are used to treat this condition. An example of a DMARD would include methotrexate.

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Disease-Modifying Anti-Rheumatic Drugs
Disease-modifying anti-rheumatic drugs are typically used for the treatment of inflammatory conditions. These drugs slow the disease process by modifying the immune system.

- Methotrexate
- Cyclosporine
- Sulfasalazine
- Mercaptopurine
- Gold Compounds

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)
Taltz was approved in March of 2016 for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. In December of 2017, Taltz was approved for the treatment of active psoriatic arthritis.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. FDA approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, Blue Cross and Blue Shield Association technology assessment program (TEC) and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Plaque Psoriasis
Taltz was studied in three multicenter, randomized, double blind, placebo controlled trials which enrolled 3,866 subjects 18 years of age and older with plaque psoriasis. These subjects were also candidates for phototherapy or systemic therapy. Subjects were randomized to either placebo or Taltz 80 mg every 2 weeks for 12 weeks, following a 160 mg loading dose. In two of the trials, subjects were also randomized to receive Enbrel 50 mg twice weekly for 12 weeks. All three trials assessed the changes from baseline to week 12 in two co-primary endpoints: 1. Psoriasis Arera Severity Index (PASI) 75 (the proportion of subjects who achieved at least a 75% reduction in the PASI composite score, which takes into consideration both the percentage of body surface affected and the nature and severity of psoriatic changes), and 2. Static Physician's Global Assessment (sPGA) of "0" (clear) or "1" (minimal), the proportion of subjects with an sPGA of 0 or 1 and at least a 2 point improvement.

In trial 1, 89% of subjects receiving Taltz achieved a PASI 75 vs. 4% in the placebo group. In trials 2 and 3, the percentages are as follows: 90% vs. 2% and 87% vs. 7% in the Taltz vs. placebo groups, respectively. In trial 1, 82% of subjects receiving Taltz achieved an sPGA of "0" (clear) or "1" (minimal) vs. 3% in the placebo group. Similar numbers were reported in trials 2 and 3. In trial 1, 37% of those receiving Taltz had an sPGA of "0" (clear) vs. 0% in placebo. Again, similar results occurred in trials 2 and 3. Taltz also demonstrated superiority over Enbrel 50 mg twice weekly in sPGA and PASI scores during the 12 week treatment period. The respective response rates for Taltz and Enbrel 50 mg twice weekly were: sPGA of 0

or 1 (73% and 27%); PASI 75 (87% and 41%); sPGA of 0 (34% and 5%); PASI 90 (64% and 18%), and PASI 100 (34% and 4%).

Psoriatic Arthritis

The safety and efficacy of Taltz were assessed in 2 randomized, double-blind, placebo-controlled studies in adult patients with active psoriatic arthritis. In both studies, patients treated with Taltz 80 mg every 2 weeks or 80 mg every 4 weeks demonstrated a greater clinical response including ACR20, ACR50, and ACR70 compared to placebo at Week 24. In the second trial, responses were seen regardless of prior anti-TNFα exposure. The primary endpoint was the percentage of patients achieving ACR20 (American College of Rheumatology) at week 24. In trial 1, the ACR20 was 58% in the Taltz group vs. 30% in the placebo group at week 24. In trial 2, the ACR20 was 53% at week 24 in the Taltz group vs. 20% in the placebo group.

References

1. Taltz [package insert]. Eli Lilly. Indianapolis, Indiana. December 2017

Policy History

Original Effective Date:	09/01/2016
Current Effective Date:	04/18/2018
08/04/2016	Medical Policy Committee review
08/17/2016	Medical Policy Implementation Committee approval. New Policy.
08/03/2017	Medical Policy Committee review
08/23/2017	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/05/2017	Medical Policy Committee review
10/18/2017	Medical Policy Implementation Committee approval. Updated tuberculosis test language. Added a new requirement for use of TWO other biologic products prior to Taltz.
04/05/2018	Medical Policy Committee review
04/18/2018	Medical Policy Implementation Committee approval. Added the new indication of active psoriatic arthritis.
Next Scheduled Review Date:	04/2019

*****Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. FDA and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

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**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.