Ixekizumab (TALTZ) in Psoriatic Arthritis
Criteria for Use
June 2026

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for ixekizumab.

- ☐ Active infection (however, ixekizumab may be started/restarted once treatment for the infection is initiated).
- ☐ Untreated latent or active tuberculosis infection.
- ☐ Hepatitis B surface antigen (HBsAg)-positive and not on antiviral prophylaxis.^1 Ixekizumab may be initiated after starting antiviral prophylaxis.
- ☐ Untreated HIV infection. Treated, well-controlled, asymptomatic HIV-positive patients can be treated with ixekizumab.
- ☐ Congenital or acquired immunodeficiency.
- ☐ Concomitant live or live-attenuated vaccines or administration of inactivated, live, or live-attenuated vaccines less than 2 weeks before initiation of ixekizumab.^2

Inclusion Criteria

ALL the following must be selected to meet criteria.

- ☐ Prescribed and monitored by a VA/VA Community Care rheumatologist, dermatologist or locally designated expert.
- ☐ Has **inflammatory articular disease** (joint, spine, and/or entheseal), and a definite or provisional diagnosis of **psoriatic arthritis**.
- ☐ Offered all age-appropriate vaccinations prior to initiating therapy.^2
- ☐ Completed tuberculosis (TB) test using tuberculin skin test or interferon-gamma release assay [IGRA].
- ☐ Completed hepatitis B screening (HBsAg, total hepatitis B core antibody [anti-HBc] and antibody to hepatitis B surface antigen [anti-HBs]).^3
- ☐ Current or past completion of hepatitis C screening. Ixekizumab may be initiated while waiting for test results.^3
- ☐ **Tumor necrosis factor inhibitor (TNFI)** therapy is medically inadvisable, not tolerated or not adequate (i.e., NO or partial response after 12 weeks or loss of initial response).^4

See footnote 5 for sequencing therapies for active psoriatic arthritis.

Additional Inclusion Criteria

Select if applicable.

☐ If HBsAg-negative but anti-HBc-positive and consult is deemed indicated, a GI/liver or infectious diseases expert has been (e-)consulted for advice on whether to start antiviral prophylaxis or to preemptively monitor for HBV reactivation.

☐ For females who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception.

Abbreviations: GI, gastrointestinal

Footnotes

[1] Antiviral prophylaxis for HBV: Agents with high genetic barrier to resistance such as entecavir or tenofovir should be used.

[2] When possible, vaccinations should be updated before the patient initiates ixekizumab. Unless contraindicated, recombinant zoster (SHINGRIX) vaccine should be completed or at least initiated by the end of the first year of treatment with ixekizumab, preferably when dosage is low, disease is stable, or at other times when a robust immune response to vaccination can be expected.

[3] Routine rescreening is not required for prescription renewals. Retesting in high-risk patients should be considered.

[4] Applies to new starts only. Patients on treatment who are stable (responded to induction and/or controlled on maintenance therapy) should not be switched to a criteria-required prior treatment for nonmedical reasons.

[5] **Sequencing Therapies for Active Psoriatic Arthritis (1L = First-line, 2L = Second-line, etc.)**

1L **csIMM** (for predominantly peripheral arthritis, no axial disease, no severe psoriasis, no inflammatory bowel disease (IBD)/uveitis) or **TNFi**
2L **IL-17i** (ixekizumab preferred; may prefer over TNFi if concomitant psoriasis is severe) or **JAKi**
3L **IL-12/23i** (not for axial disease) or **IL-23i** (not for axial disease; may prefer over IL-12/23i if concomitant psoriasis is severe)
4L **Abatacept** (not for axial disease)
Other: **Apremilast, Deucravacitinib**

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