Commercial/Healthcare Exchange PA Criteria

Effective: March 2015

Prior Authorization: Cosentyx

Products Affected: Cosentyx (secukinumab) subcutaneous solution

Medication Description: Cosentyx is a human IgG1 monoclonal antibody that selectively binds to the interleukin-17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Cosentyx inhibits the release of proinflammatory cytokines and chemokines.

Covered Uses:

1. Psoriatic Arthritis
2. Ankylosing Spondylitis
3. Plaque Psoriasis
4. Non-radiographic Axial Spondyloarthritis

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions:

Psoriatic Arthritis: Must be prescribed by or in consultation with a dermatologist or rheumatologist.
Ankylosing Spondylitis & Non-radiographical Axial Spondyloarthritis: Must be prescribed by, or in consultation with, a rheumatologist.
Plaque Psoriasis: Must be prescribed by or in consultation with a dermatologist.

Coverage Duration:

Initial: 3 months
Continuation: 3 years

Other Criteria:

Dosing Limitations: Only allow additional quantity for loading dose purposes.

Plaque Psoriasis

The recommended dosage is 300 mg by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 followed by 300 mg every 4 weeks. Each 300 mg dosage is given as 2 subcutaneous injections of 150 mg.

Ankylosing Spondylitis, Non-radiographic Spondyloarthritis & Psoriatic Arthritis

Administer COSENTYX with or without a loading dosage by subcutaneous injection per the prescribing physician. The recommended dosage:

- ***With a loading dosage is 150 mg at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter***

- ***Without a loading dosage is 150 mg every 4 weeks***

Initiation

*Note: Cosentyx is a preferred product and does not require the use of Humira first

Plaque Psoriasis

A. Patient has chronic (greater than or equal to 1 year) plaque psoriasis; AND
B. Patient has minimum body surface area involvement with plaque psoriasis of ≥ 10%; **AND**
C. Patient has a documented failure of, or intolerance to, or contraindication to at least one traditional systemic agent (eg, MTX, cyclosporine, acitretin, PUVA) for at least 3 months, unless intolerant. *Women of childbearing age may be given special consideration for approval without systemic therapy when topical and phototherapy options have been tried and failed.*

Psoriatic Arthritis

A. Patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy; **AND**
B. Patient has documented failure or intolerance to an adequate trial (at least 3 months) of ONE DMARD (e.g., methotrexate [oral or injectable], leflunomide, and sulfasalazine).

Ankylosing Spondylitis

A. Patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy.

Non-radiographic Axial Spondyloarthritis

A. Patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy.

Continuation

Plaque Psoriasis, Psoriatic Arthritis, Non-radiographic Axial Spondyloarthritis, and Ankylosing Spondylitis

A. Patient meets all initial authorization criteria; **AND**
B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy with Cosentyx as evidenced by low disease activity or improvement in signs and symptoms of the condition.

*ConnectiCare does not consider alcohol use to be a clinical reason to use Cosentyx over methotrexate.

References:

1. COSENTYX(R) subcutaneous injection, secukinumab subcutaneous injection. Novartis Pharmaceuticals Corporation (per FDA), East Hanover, NJ, 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date

1	New Policy	CCI adopted EH template; CCI P&T Review History: 3/15, 11/15, 2/16, 11/16, 11/17, 11/18 CCI Revision Record: 1/16, 2/16, 11/16, 5/17, 1/19	All	6/28/2019
2	Update	Update, changed continuation approval length from 1 year to 3 years	Coverage Duration	7/1/2019
3	Update	Removal of DMARD use for Ankylosing Spondylitis	Other Criteria	07/22/2019
4	Update	Added Dosing Limitations according to FDA label	Other Criteria	6/2/2020
5	Update	Added new indication: Non-radiographical Axial Spondyloarthritis Updated prescriber restrictions for Non-radiographical Axial Spondyloarthritis Added clinical criteria for Non-radiographical Axial Spondyloarthritis	Covered uses Prescriber restrictions Other criteria	6/23/2020