

Generic Name: Secukinumab

Therapeutic Class or Brand Name: Cosentyx®

Applicable Drugs (if Therapeutic Class): N/A.

GPI Code: 9025057500

Preferred: N/A.

Non-preferred: N/S.

Date of Origin: 8/25/2016

Date Last Reviewed / Revised: 1/20/2020

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Documented diagnosis of one of the following conditions A through C AND must meet criteria listed under applicable diagnosis:
 - A. Moderate to severe plaque psoriasis and criteria 1 through 3 are met:
 1. History of treatment failure, intolerance, or contraindication with phototherapy or photochemotherapy.
 2. History of treatment failure, intolerance, or contraindication with at least one systemic non-biologic agent (i.e. cyclosporine, methotrexate, acitretin, etc.).
 3. Diagnosis must be established by a dermatologist or a rheumatologist.
 - B. Active Psoriatic Arthritis and criterion 1 is met:
 1. Diagnosis must be established by a rheumatologist or dermatologist.
 - C. Active Ankylosing Spondylitis and criterion 1 is met:
 1. Diagnosis must be established by a rheumatologist.
- II. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).
- III. Minimum age requirement: 18 years old.
- IV. Absence of active serious infection or sepsis.
- V. Negative TB skin test within the previous 12 months or history of treatment for latent TB infection.

EXCLUSION CRITERIA

- Coadministration of Cosentyx® with another targeted immune modulator. Examples of targeted immune modulators include the following:
 - Actemra® (tocilizumab)
 - Entyvio® (vedolizumab)

- Kevzara® (sarilumab)
- Kineret® (anakinra)
- Olumiant® (baricitinib)
- Orencia® (abatacept)
- Otezla® (apremilast)
- Rinvoq™ (upadacitinib)
- Rituxan® (rituximab)
- Siliq™ (brodalumab)
- Stelara® (ustekinumab)
- Taltz® (Ixekizumab)
- TNF inhibitors [Cimzia® (certolizumab pegol), Enbrel® (etanercept), Humira® (adalimumab), Inflectra® (infliximab-dyyb), Remicade® (infliximab), Renflexis™ (infliximab-abda), Simponi®/Simponi® Aria® (golimumab)]
- Tremfya™ (guselkumab)
- Tysabri® (natalizumab)
- Xeljanz®/XR (tofacitinib)

OTHER CRITERIA

- N/A.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Plaque Psoriasis:
 - Quantities of up to 10 syringes or pens for the first 28 days, then in quantities of up to 2 syringes or pens every 28 days thereafter.
- Psoriatic Arthritis:
 - Quantities of up to 5 syringes or pens for the first 28 days, then in quantities of up to 2 syringes or pens every 28 days thereafter.
- Ankylosing Spondylitis:
 - Quantities of up to 5 syringes or pens for the first 28 days, then 1 syringe or pen every 28 days thereafter.

APPROVAL LENGTH

- **Authorization:** 1 year.

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A.

REFERENCES

1. Cosentyx [Package Insert]. East Hanover, NJ: Novartis. June 2018. Available at: <https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/cosentyx.pdf>.
2. Medi-Span®.
3. Menter A., et. al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. J Am Acad Dermatol. 2019 Apr;80(4):1029-1072. doi: 10.1016/j.jaad.2018.11.057. Epub 2019 Feb 13.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
1/20/2020	<ol style="list-style-type: none"> 1. Changed “Documented failure, intolerance, or contraindication to two preferred biologic products (refer to plan document for the list of preferred products)” to “Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s)” under Prior Authorization Criteria. 2. Changed “Coadministration of Cosentyx® with another biologic DMARD, Otezla® (apremilast), or Xeljanz®/XR (tofacitinib). Examples of biologic DMARDs include” to “Coadministration of Cosentyx® with another targeted immune modulator. Examples of targeted immune modulators” under Exclusion Criteria. 3. Added “Rinvoq™ (upadacitinib)”; “Olumiant® (baricitinib)”; “Otezla® (apremilast)”; “Xeljanz®/XR (tofacitinib)” under Exclusion Criteria. 4. Added “Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics.” under References.
8/21/2018	<ol style="list-style-type: none"> 1. No changes.
11/21/2017	<ol style="list-style-type: none"> 1. Added “Kevzara® (sarilumab)”, “Siliq™ (brodalumab)”, and “Tremfya™ (guselkumab)” to list under Exclusion Criteria. 2. Added “Inflectra® (infliximab-dyyb)” and “Renflexis™ (infliximab-abda)” following TNF Inhibitors to list under Exclusion Criteria.
12/2/2016	<ol style="list-style-type: none"> 1. Changed “I. A. 2. History of treatment failure, intolerance, or contraindication with at least one appropriate systemic agent (i.e. cyclosporine, methotrexate, acitretin, etc.)” to “I. A. 2. History of treatment failure, intolerance, or contraindication with at least one systemic non-biologic agent (i.e. cyclosporine, methotrexate, acitretin, etc.)” under Prior Authorization Criteria. 2. Changed “II. Documented failure, intolerance, or contraindication to two

	<p>preferred biologic products (refer to plan document for the list of preferred products)" to "II. Documented failure, intolerance, or contraindication to at least one preferred tumor necrosis factor (TNF) inhibitor (refer to plan document for the list of preferred products)" under Prior Authorization Criteria.</p>
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.