

**Cosentyx® (secukinumab)**  
**Effective 01/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled through a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Contact Information</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	Cosentyx IV is available via Medical Benefit ONLY  Cosentyx subcutaneous Prefilled Syringe and Auto-Injector are available via Pharmacy Benefit Only		

### Overview

Cosentyx (secukinumab) is an interleukin-17A antagonist indicated for the treatment of:

- Moderate to severe plaque psoriasis in patients 6 years of age and older who are candidates for systemic therapy or photo therapy
- Active psoriatic arthritis in patients 2 years of age and older
- Active ankylosing spondylitis in adults
- Non-radiographic axial spondyloarthritis with objective signs of inflammation in adults
- Entesitis-related arthritis (ERA) in pediatric patients 4 years of age and older
- Moderate to severe hidradenitis suppurativa in adults

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorizations may be granted when all the following diagnosis-specific criteria have been met:

#### Moderate to severe plaque psoriasis

1. Diagnosis of moderate to severe plaque psoriasis
2. At least 3% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
3. The member meets ONE of the following criteria:
  - a. Minimum duration of 4-week trial and failure, intolerance, or contraindication to ONE of the following topical therapies
    1. Corticosteroids (e.g., betamethasone, clobetasol)
    2. Vitamin D analogs (e.g., calcitriol, calcipotriene)

3. Tazarotene
  4. Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
  5. Anthralin
  6. Coal tar
- b. The member has severe psoriasis that warrants a biologic DMARD as first-line therapy
4. Trial and failure, intolerance, or contraindication to THREE of the following:
    - a. Cimzia
    - b. Enbrel
    - c. Humira (Abbvie), Hadlima, Adalimumab-adaz, Adalimumab-fkjp, Amjevita (Nuvaila)
    - d. Otezla
    - e. Skyrizi
    - f. Stelara, Wezlana
    - g. Tremfya
  5. Trial and failure, intolerance, or contraindication to Taltz

#### **Active psoriatic arthritis (PsA)**

1. Diagnosis of active psoriatic arthritis (PsA)
2. Trial and failure, intolerance, or contraindication to TWO of the following:
  - a. Cimzia
  - b. Enbrel
  - c. Humira (Abbvie), Hadlima, Adalimumab-adaz, Adalimumab-fkjp, Amjevita (Nuvaila)
  - d. Otezla
  - e. Rinvoq/Rinvoq LQ
  - f. Simponi
  - g. Skyrizi
  - h. Stelara, Wezlana
  - i. Tremfya
  - j. Xeljanz/XR
3. Trial and failure, intolerance, or contraindication to BOTH of the following:
  - a. Orencia
  - b. Taltz
4. The member has ONE of the following:
  - a. Actively inflamed joints
  - b. Dactylitis
  - c. Enthesitis
  - d. Axial disease
  - e. Active skin and/or nail involvement

#### **Ankylosing spondylitis (AS)**

1. Diagnosis of active ankylosing spondylitis
2. Member has minimal duration of 1-month trial and failure, contraindication or intolerance to TWO non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.
3. Trial and failure, intolerance, or contraindication to TWO of the following:
  - a. Cimzia
  - b. Enbrel
  - c. Humira (Abbvie), Hadlima, Adalimumab-adaz, Adalimumab-fkjp, Amjevita (Nuvaila)
  - d. Rinvoq
  - e. Simponi



f. Xeljanz/XR

4. Trial and failure, intolerance, or contraindication to Taltz

**Non-radiographic axial spondyloarthritis (nr-axSpA)**

1. Diagnosis of active non-radiographical axial spondyloarthritis (nr-axSpA)
2. Member has objective signs of inflammation (e.g., C-reactive protein [CRP] levels above the upper limit of normal and/or sacroiliitis on magnetic resonance imaging [MRI], indicative of inflammatory disease, but without definitive radiographic evidence of structural damage on sacroiliac joints)
3. Member has minimal duration of 1-month trial and failure, contraindication or intolerance to TWO non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.
4. Trial and failure, intolerance, or contraindication to ALL of the following:
  - a. Cimzia
  - b. Rinvoq
  - c. Taltz

**Moderate to Severe Hidradenitis Suppurativa**

1. Member has a diagnosis of moderate to severe hidradenitis suppurativa (Hurley stage II or III)
2. Trial and failure, intolerance, or contraindication to ONE of the following:
  - a. Humira (Abbvie)
  - b. Hadlima
  - c. Adalimumab-adaz
  - d. Adalimumab-fkjp
  - e. Amjevita (Nuvaila)

**Enthesitis related arthritis (ERA)**

1. The member is 4 years of age or older
2. The member has active ERA with both arthritis and enthesitis, arthritis alone, or enthesitis alone
3. The member has experienced trial and failure, contraindication or intolerance to at least two non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.

**NOTE: Children are excluded from this category if they have a first-degree relative with psoriasis, positive RF, or systemic arthritis.**

**Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Member meets the prerequisite biologic trial requirements for the treated condition
2. Documentation is submitted supporting improvement in member’s condition as evidenced by low disease activity or improvement in signs and symptoms of the condition.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply:

Cosentyx 150mg	2 injections per 30 days
Cosentyx 300mg	1 injection per 30 days

**References**

1. Cosentyx (secukinumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; August 2024.



2. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. *J Am Acad Dermatol*. 2011;65(1):137-174.
3. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update. *Ann Rheum Dis*. 2016;75(3):499-510.
4. McInnes IB, Mease PJ, Kirkham B, et al. Secukinumab, a human anti-interleukin-17A monoclonal antibody, in patients with psoriatic arthritis (FUTURE 2): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2015;386(9999):1137-46.
5. Pavelka K, Kivitz A, Dokoupilova E, et al. Efficacy, safety, and tolerability of secukinumab in patients with active ankylosing spondylitis: a randomized, double-blind phase 3 study, MEASURE 3. *Arthritis Res Ther* 2017; 19:285
6. Ward MM, Deodhar A, Akl EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol*. 2015: 10.1002/art.39298. [Epub ahead of print].
7. Baeten D, Sieper J, Braun J, et al. Secukinumab, an Interleukin-17A Inhibitor, in Ankylosing Spondylitis. *N Engl J Med*. 2015;373(26):2534-48.
8. Deodhar A, Conaghan PG, Kvien TK, et al. Secukinumab provides rapid and persistent relief in pain and fatigue symptoms in patients with ankylosing spondylitis irrespective of baseline C-reactive protein levels or prior tumor necrosis factor inhibitor therapy: 2-year data from the MEASURE 2 study. *Clin Exp Rheumatol* 2018.

### Review History

02/22/2016: Reviewed P&T Mtg

02/27/2017: Reviewed & Revised (added Step)

02/26/2018: Reviewed & Revised P&T Mtg

02/20/2019: Reviewed & Revised P&T Mtg

05/20/2020: Reviewed and Updated May P&T Mtg; overview and references updated; started and stabilized statement; added QL to criteria. Effective 7/1/20

11/18/2020: Reviewed; Updated criteria to have preferred agent for Comm/Exch strategy

01/19/2022: Reviewed and Updated for Jan P&T; added new indications & criteria for nonradiographic axial spondyloarthritis & ERA; references updated. Effective 03/01/2022.

06/14/2023: Reviewed and updated; Updated QL for Cosentyx 150mg to 2 injections per 30 days.

11/15/2023 – Reviewed and Updated at Nov P&T; For Psoriatic Arthritis: 5% BSA changed to at least 3%.

Removed TB requirement. Updated preferred agents to prior use with ONE of the following agents: Cimzia, Enbrel, Humira or biosimilars, Skyrizi, Stelara, Tremfya. Updated topical therapies. For Psoriatic arthritis: Updated preferred agents to require previous use of TWO of the following: Cimzia, Enbrel, Humira or biosimilars, Rinvoq, Simponi, Skyrizi, Stelara, Tremfya, Xeljanz/XR, AND Cosentyx AND Orencia. Removed requirement of traditional DMARD. Removed appendix. Consolidated reauthorization criteria. Effective 1/1/2024

4/10/2024 – Reviewed and Updated for April P&T; Added Cosentyx IV to criteria. Effective 5/1/2024

09/11/2024 – Reviewed and updated for September P&T. Added Rinvoq LQ as a previous treatment option for psoriatic arthritis. Added criteria for hidradenitis suppurativa. Effective 11/1/2024.

10/09/2024 – Reviewed and updated for October P&T. Reviewed and updated for October P&T. Effective

11/1/2024: Updated criteria for plaque psoriasis to remove requirement for documentation of medical records for trial and failure with conventional therapies. Effective 1/1/2025: For all indications added Amjevita (Nuvaila) as an adalimumab step option. Added Wezlana as an Ustekinumab step option for plaque psoriasis and psoriatic



arthritis. Updated criteria for plaque psoriasis to require trial and failure with Taltz and three other preferred biologics; added Otezla as a biologic step option. Updated criteria for psoriatic arthritis to require trial and failure with Orencia, Taltz, and to other preferred biologics (including Wezlana and Otezla). Updated criteria for ankylosing spondylitis to specify minimal 1-month trial of two NSAIDs; biologic step updated to require trial and failure with Taltz and two other preferred biologics. Criteria for non-radiographic axial spondyloarthritis (nr-axSpA) to specify minimal 1-month trial of two NSAIDs; biologic step updated to require trial and failure with Taltz in addition to Cimzia and Rinvoq. Reauthorization criteria updated to specify documentation of improvement is required. Reauthorization criteria also require that the member meets the prerequisite trial medication requirements for the condition being treated.

