

Cosentyx® (secukinumab)
Effective 05/01/2024

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

Overview

Secukinumab 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 involved in normal inflammatory and immune responses. Secukinumab inhibits the release of proinflammatory cytokines and chemokines

Coverage Guidelines

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

Authorizations may be granted when all the following criteria have been met, and documentation is provided:

Moderate to severe plaque psoriasis

1. The member has a 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. Paid claims or physician documentation confirming 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 ONE of the following:
 - a. Cimzia
 - b. Enbrel
 - c. Humira, Hadlima, Adalimumab-adaz, Adalimumab-fkjp
 - d. Skyrizi
 - e. Stelara
 - f. Tremfya

Active psoriatic arthritis (PsA)

1. The member has a diagnosis of active psoriatic arthritis (PsA)
2. Trial and failure, intolerance, or contraindication to ONE of the following:
 - a. Cimzia
 - b. Enbrel
 - c. Humira, Hadlima, Adalimumab-adaz, Adalimumab-fkjp
 - d. Rinvoq
 - e. Simponi
 - f. Skyrizi
 - g. Stelara
 - h. Tremfya
 - i. Xeljanz/XR
3. 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

Active ankylosing spondylitis (AS)

1. The member has a diagnosis of ankylosing spondylitis
2. 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.
3. Trial and failure, intolerance, or contraindication to ONE of the following:
 - f. Cimzia
 - b. Enbrel
 - c. Humira, Hadlima, Adalimumab-adaz, Adalimumab-fkjp
 - d. Rinvoq
 - e. Simponi
 - f. Xeljanz/XR

Axial spondyloarthritis (nonradiographic)

1. Member has a diagnosis of non-radiographical axial spondyloarthritis
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. 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.
4. Trial and failure, intolerance, or contraindication to ONE of the following:
 - a. Cimzia



b. Rinvoq

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

Authorization may be granted for members who achieve or maintain positive clinical response with Cosentyx 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; December 2021
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

