

Cosentyx® (secukinumab)
Effective January 1, 2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input 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 type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Cosentyx is a human interleukin-17A antagonist indicated for the treatment of:

- moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy
- adults with active psoriatic arthritis (PsA)
- adults with active ankylosing spondylitis (AS)
- active nonradiographic axial spondyloarthritis in adults with objective signs of inflammation

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Cosentyx excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Ankylosing spondylitis and Non-radiographic axial spondyloarthritis:

Prescriber provides documentation of ALL of the following:

1. Appropriate diagnosis
2. Paid claims or physician documented inadequate response or adverse reaction to **TWO** NSAIDs or contraindication to **ALL** NSAIDs
3. Paid claims or physician documented inadequate response or adverse reaction to **ONE** anti-TNF agent that is FDA-approved for the requested indication
4. Appropriate dosing



Moderate-severe plaque psoriasis:

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. **ONE** of the following:
 - a. Paid claims or physician documented inadequate response or adverse reaction to **ONE** conventional therapy (see appendix B):
 - i. topical agent
 - ii. phototherapy
 - iii. systemic agent
 - b. Contraindication to **ALL conventional therapies**:
 - i. topical agent
 - ii. phototherapy
 - iii. systemic agent
 - c. Paid claims or physician documented inadequate response or adverse reaction to **ONE** biologic DMARD that is FDA-approved for plaque psoriasis
3. Appropriate dosing

Psoriatic arthritis:

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. **ONE** of the following:
 - a. Paid claims or physician documented inadequate response or adverse reaction to **ONE** anti-TNF agent that is FDA-approved for the requested indication
 - b. Contraindication to **ALL** anti-TNF agents that are FDA-approved for the requested indication
3. Appropriate dosing

NOTE: DMARD trial is not required in members with active psoriatic arthritis with axial (spine) involvement (including sacroiliitis) whose condition is not sufficiently controlled with NSAIDs (verified through paid claims or physician documentation)

Continuation of Therapy

Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

Limitations

1. Initial approvals will be granted for the following based on diagnosis:
 - a. Plaque psoriasis: 3 months
 - b. All other diagnosis: 6 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

Cosentyx Inj 150mg/mL Cosentyx Pen Inj 150mg/mL	150mg (1mL) per 28 days
Cosentyx Inj 300mg dose Cosentyx Pen Inj 300mg dose	300mg (2mL) per 28 days

Appendix

Appendix A: Dosing

Cosentyx® (secukinumab)	<p>Plaque Psoriasis: SQ: 300 mg initially at week 0, 1, 2, 3 and 4, followed by 300 mg every 4 weeks</p> <p>Psoriatic Arthritis: SQ: 150 mg initially at week 0, 1, 2, 3 and 4, followed by 150 mg every 4 weeks, may consider dose of 300 mg if psoriatic arthritis continues</p> <p>Co-existent Plaque Psoriasis AND Psoriatic Arthritis: SQ: 300 mg initially at week 0, 1, 2, 3 and 4, followed by 300 mg every 4 weeks</p> <p>Ankylosing Spondylitis: SQ: 150 mg initially at week 0, 1, 2, 3 and 4, followed by 150 mg every 4 weeks</p>
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Appendix B. Conventional Therapies for Plaque Psoriasis

Conventional Treatment Lines	Agents Used
Topical Agents	emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors
Systemic Agents	Traditional DMARDs: methotrexate, apremilast, acitretin,
Phototherapy	ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)

References

1. Cosentyx (secukinumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; June 2018
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 tumour 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) P&T Mtg

03/01/2018: Reviewed & Revised (adopted MH RS) P&T Mtg

02/20/2019: Reviewed P&T Mtg

10/21/2020 – Reviewed and Updated; separated out Comm/Exch vs. MassHealth. Matched MassHealth Preferred Unified Formulary for implementation 1/1/2021

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.