### 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:

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosentyx Inj 150mg/mL</td>
<td>150mg (1mL) per 28 days</td>
</tr>
<tr>
<td>Cosentyx Pen Inj 150mg/mL</td>
<td></td>
</tr>
<tr>
<td>Cosentyx Inj 300mg dose</td>
<td>300mg (2mL) per 28 days</td>
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<tr>
<td>Cosentyx Pen Inj 300mg dose</td>
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</tbody>
</table>

Appendix
Appendix A: Dosing

<table>
<thead>
<tr>
<th>Cosentyx® (secukinumab)</th>
<th>Plaque Psoriasis: SQ: 300 mg initially at week 0, 1, 2, 3 and 4, followed by 300 mg every 4 weeks</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
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<tr>
<td></td>
<td>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</td>
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<tr>
<td></td>
<td>Ankylosing Spondylitis: SQ: 150 mg initially at week 0, 1, 2, 3 and 4, followed by 150 mg every 4 weeks</td>
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</tbody>
</table>

Appendix B. Conventional Therapies for Plaque Psoriasis

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

References

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

**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.