Cosentyx® (secukinumab)  
Effective 01/15/2021

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<th>Plan</th>
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<td>☑ Prior Authorization</td>
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<td>☑ Commercial/Exchange</td>
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**Specialty Limitations**
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

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<th>Specialty Medications</th>
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| Exceptions | N/A |

**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 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 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 5% 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. Member meets any of the following criteria:
   a. Member has had an inadequate response or intolerance to TWO conventional therapies in any of the following combinations:
      o 1 topical agent + 1 systemic agent (methotrexate, cyclosporine, or acitretin)
      o 1 topical agent + 1 phototherapy (e.g., UVB, PUVA)
      o 1 systemic agent + 1 phototherapy (e.g., UVB, PUVA)
      o 2 systemic agents
b. Member has a clinical reason to avoid ALL conventional therapies (topical agents, phototherapy, and systemic agents). See Appendix A

c. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy.

Active psoriatic arthritis (PsA)
1. The member has a diagnosis of active psoriatic arthritis (PsA)
2. One of the following:
   a. Patient has had an intolerance to or inadequate response (after at least 3 months of treatment) with methotrexate OR leflunomide.
   b. Patient has a contraindication to BOTH methotrexate AND leflunomide AND has experienced an inadequate response, intolerance, or contraindication to sulfasalazine.

Active ankylosing spondylitis (AS)
1. The member has a diagnosis of active ankylosing spondylitis (AS)
2. Member has experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs).
3. Member has an intolerance or contraindication to two or more NSAIDs.

Continuation of Therapy
Plaque Psoriasis:
Authorization may be granted for all members (including new members) who meet all initial authorization criteria and achieve or maintain positive clinical response after at least 3 months of therapy with Cosentyx as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Psoriatic Arthritis and Ankylosing Spondylitis:
Authorization may be granted for all members (including new members) who meet all initial authorization criteria and achieve or maintain positive clinical response after at least 4 months of therapy 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. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).
   Note: Members who have received Cosentyx or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.
3. The following quantity limits apply:

| Cosentyx 150mg | 1 injection per 30 days |
| Cosentyx 300mg | 1 injection per 30 days |

Appendices
Appendix A: Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin.
1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Drug interaction
4. Cannot be used due to risk of treatment-related toxicity
5. Pregnancy or planning pregnancy (male or female)
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

Appendix B: TNF Inhibitors Indicated for Psoriatic Arthritis
1. Cimzia (certolizumab pegol)
2. Enbrel (etanercept)
3. Humira (adalimumab)
4. Inflectra (infliximab-dyyb)
5. Renflexis (infliximab-abda)
6. Remicade (infliximab)
7. Simponi (golimumab)

References
1. Cosentyx (secukinumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; January 2020

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

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.