Cosentyx® (secukinumab)
Effective 02/20/19

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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)

Coverage Guidelines

Approval will be granted if the member meets the following diagnosis specific criteria:

Ankylosing spondylitis/Psoriatic arthritis:

1. Member has a diagnosis of ankylosing spondylitis/Psoriatic arthritis **AND**
2. Member is at least 18 years of age **AND**
3. Prescriber has provided documentation of ONE of the following*:
    a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine)
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication

    AND
4. Dosing is appropriate (see appendix A) **AND**

**DMARD trial is not required in members with documented active Ankylosing spondylitis or Psoriatic arthritis with axial (spine) involvement (including sacroiliitis) whose condition is not sufficiently controlled with NSAIDs*

Moderate-severe plaque psoriasis:

1. Member has a diagnosis of moderate-severe plaque psoriasis **AND**
2. Member is at least 18 years of age **AND**
3. Prescriber has provided documentation of ONE of the following*:
    a. Inadequate response, adverse reaction, or contraindication to at least TWO conventional therapies in any one of the following combinations (combinations DO NOT have to be used concurrently):
        i. 1 topical agent + 1 systemic agent
        ii. 1 topical agent + 1 phototherapy (required for diagnosis of guttate psoriasis)
        iii. 1 systemic agent + 1 phototherapy
        iv. 2 systemic agents
    c. Contraindication to ALL conventional therapies
        i. Topical agents
        ii. Phototherapy
        iii. Systemic agents
    d. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for plaque psoriasis

    AND
4. Dosing is appropriate (see appendix A)

Continuation of Therapy

Reauthorizations may be granted if documentation is submitted indicating a positive response to therapy

Limitations

1. Initial approvals will be granted for the following based on diagnosis:
    a. Ankylosing spondylitis/psoriatic arthritis – 6 months
    b. Plaque psoriasis – 3 months
2. Reauthorizations will be granted for 12 months

Appendix

Cosentyx® (secukinumab)	**Plaque Psoriasis:** SQ: 300 mg initially at week 0, 1, 2, 3 and 4, followed by 300 mg every 4 weeks **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 **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 **Ankylosing Spondylitis:** SQ: 150 mg initially at week 0, 1, 2, 3 and 4, followed by 150 mg every 4 weeks

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

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.