Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

COSENTYX® (*secukinumab*) PA CRITERIA:

Select the FDA approved indication and corresponding diagnosis:

☐ Plaque Psoriasis - Treatment of *moderate to severe* plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy **OR**
☐ Psoriatic Arthritis -Treatment of adult patients with active psoriatic arthritis OR - Treatment of *moderate to severe* plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy **OR**
☐ Ankylosing Spondylitis - Treatment of adults with active ankylosing spondylitis

ICD-10 code(s):_____

Requests for Cosentyx may be approved if the following criteria are met: *(Yes should be checked for each statement):*

☐ Yes ☐ No Age ≥ 18 years

☐ Yes ☐ No Inadequate response after minimum 90 days consecutive therapy, or intolerance or contraindication to adalimumab (Humira®)

☐ Yes ☐ No Prescribed by or in consultation with a dermatologist or rheumatologist

☐ Yes ☐ No Patient has had a negative Tuberculosis (TB) test in the past 12 months

Patient may not be receiving Cosentyx in combination with any of the following:

- Biologic DMARD (Humira, Taltz, Orencia, Cimzia)
- Janus kinase inhibitor (Xeljanz)
- Phosphodiesterase 4 inhibitor (Otezla)

Initial authorization is for 4 months. Subsequent approval will be based on current progress notes documenting stability of disease status.
Dosing:

- **Plaque Psoriasis**: 300mg SC initial dose repeated at Weeks 0, 1, 2, 3, and 4 followed by 300mg Q 4 weeks. (may allow up to 10 pens or syringes in the *first* 28 days of treatment).
  - 150mg may be acceptable for some patients.
- **Psoriatic Arthritis**: For psoriatic arthritis patients with coexistent moderate to severe plaque psoriasis, use the dosage and administration for plaque psoriasis
  - For other psoriatic arthritis patients administer with or without a loading dosage.

    - Loading dosage recommendation: 150 mg at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
    - Without a loading dosage, recommendation is 150 mg every 4 weeks
  - For patients continuing to have active psoriatic arthritis, consider 300mg dosage
  - If a patient continues to have active psoriatic arthritis, consider dosage of 300 mg
- **Ankylosing Spondylitis**: Administer with or without a loading dosage.
  - Loading dosage recommendation is 150 mg at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
  - Without a loading dosage, recommendation is 150 mg every 4 weeks

Other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review:

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Reauthorization: Continued treatment will be approved for up to 12 months

- (Maximum amount approval: 300mg/month)

☐ Yes ☐ No
Is there clinical documentation of:

☐ Yes ☐ No Disease stabilization

OR

☐ Yes ☐ No Disease improvement?

General information to consider:

- Cosentyx may increase the risk of infections. Exercise caution when considering the use of Cosentyx in patients with a chronic infection or a history of recurrent infection.
- Prior to initiating treatment, evaluate for TB. Do not administer Cosentyx to patients with active TB infection. Initiate treatment of latent TB prior to administering Cosentyx.
- Exercise caution when prescribing Cosentyx to patients with inflammatory bowel disease
- Patients treated with Cosentyx should not receive live vaccines.

How Supplied:

- Injection: cartons of one OR two (150 mg/mL solution) single-use Sensoready® pens
- Injection: cartons of one ORf two (150 mg/mL solution) single-use prefilled syringes
- For Injection: carton of one (150 mg lyophilized powder) single-use vial for reconstitution for healthcare professional use only