UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1152-4
Program	Prior Authorization/Notification
Medication	Cosentyx™ (secukinumab) prefilled syringe or Sensoready pen
P&T Approval Date	2/2015, 3/2016, 3/2017, 3/2018
Effective Date	6/1/2018; Oxford only: 6/1/2018

1. Background:

Cosentyx (secukinumab) 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. It is also indicated for the treatment of adult patients with active psoriatic arthritis or for the treatment of adult patients that have active ankylosing spondylitis.

2. Coverage Criteria:

A. Plaque Psoriasis

1. Initial Authorization

a. **Cosentyx** will be approved based on **both** of the following criteria:

(1) Diagnosis of moderate to severe plaque psoriasis

-AND-

(2) Patient is not receiving **Cosentyx** in combination with **any** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)][1]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(c) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

2. Reauthorization

a. **Cosentyx** will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Cosentyx therapy

-AND-

(2) Patient is not receiving **Cosentyx** in combination with **any** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab),

Cimzia (certolizumab), Simponi (golimumab)][1]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(c) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 24 months.

B. Psoriatic Arthritis (PsA)

1. Initial Authorization

a. **Cosentyx** will be approved based on **both** of the following criteria:

(1) Diagnosis of active psoriatic arthritis

-AND-

(2) Patient is not receiving **Cosentyx** in combination with **any** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)][1]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(c) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

2. Reauthorization

a. **Cosentyx** will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Cosentyx therapy

-AND-

(2) Patient is not receiving **Cosentyx** in combination with **any** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)][1]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(c) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 24 months.

C. Ankylosing Spondylitis (AS)

1. Initial Authorization

a. **Cosentyx** will be approved based on **both** of the following criteria:

(1) Diagnosis of active ankylosing spondylitis

-AND-

(2) Patient is not receiving **Cosentyx** in combination with **either** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)][1]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]

Authorization will be issued for 12 months.

2. Reauthorization

a. **Cosentyx** will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Cosentyx therapy

-AND-

(2) Patient is not receiving **Cosentyx** in combination with **any** of the following:

(a) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)][1]
(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]

Authorization will be issued for 24 months.

3. Additional Clinical Rules:

- Supply limits and/or Step Therapy may be in place.

4. Reference:

1. Cosentyx [package insert]. East Hanover, NJ. Novartis Pharmaceuticals Corp.; September 2017.

Program	Prior Authorization/Notification - Cosentyx (secukinumab)
Change Control	
2/2015	New program.
3/2016	Annual review. Updated background information and clinical criteria to include the two new indications for active psoriatic arthritis and active ankylosing spondylitis. Added Otezla to the criteria for medications that cannot be used in combination with Cosentyx for plaque psoriasis and psoriatic arthritis. Updated reference.
3/2017	Annual review with no changes to criteria.
3/2018	Annual review with no changes to criteria. Updated reference.