UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Cosentyx - ARIZONA

Program	Prior Authorization
Medication	Cosentyx (secukinumab)

1. Background:

Cosentyx (secukinumab) is 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 treatment of adults with active ankylosing spondylitis.

2. Coverage Criteria:

A. Plaque Psoriasis

1. Initial Authorization

a. Diagnosis of moderate to severe plaque psoriasis

-AND-

b. Patient is not receiving Cosentyx in combination with any of the following:
- i. Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab), Taltz (ixekizumab), Orencia (abatacept)]
- ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
- iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

-AND-

c. **One** of the following:

(1) History of failure, contraindication, or intolerance to **both** of the following:

(a) Humira (adalimumab)
(b) Enbrel (etanercept)

-OR-

(2) For continuation of prior Cosentyx therapy

Authorization will be issued for 12 months.

2. Reauthorization

a. Documentation of positive clinical response to Cosentyx therapy

-AND-

b. Patient is not receiving Cosentyx in combination with any of the following:
   i. Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab), Taltz (ixekizumab), Orencia (abatacept)]
   ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
   iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

B. Ankylosing Spondylitis

1. Initial Authorization

a. Diagnosis of active ankylosing spondylitis

-AND-

b. Patient is not receiving Cosentyx in combination with any of the following:
   i. Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab), Taltz (ixekizumab), Orencia (abatacept)]
   ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
   iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

-AND-

c. **One** of the following:

(1) History of failure, contraindication, or intolerance to **both** of the following:

(a) Humira (adalimumab)
(b) Enbrel (etanercept)

-OR-

(2) For continuation of prior Cosentyx therapy

Authorization will be issued for 12 months.

2. Reauthorization

a. Documentation of positive clinical response to Cosentyx therapy

-AND-

b. Patient is not receiving Cosentyx in combination with any of the following:
   i. Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab), Taltz (ixekizumab), Orencia (abatacept)]
   ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
   iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

C. Psoriatic Arthritis

1. Initial Authorization

a. Diagnosis of active psoriatic arthritis

-AND-

b. Patient is not receiving Cosentyx in combination with any of the following:
   i. Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab), Taltz (ixekizumab), Orencia (abatacept)]
   ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
   iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

-AND-

c. **One** of the following:

(1) History of failure, contraindication, or intolerance to **both** of the following:

(a) Humira (adalimumab)
(b) Enbrel (etanercept)

-OR-

(2) For continuation of prior Cosentyx therapy

Authorization will be issued for 12 months.

2. <u>Reauthorization</u>

a. Documentation of positive clinical response to Cosentyx therapy

-AND-

b. Patient is not receiving Cosentyx in combination with any of the following:
   i. Biologic DMARD [e.g., Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab), Taltz (ixekizumab), Orencia (abatacept)]
   ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
   iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

3. References:

1. Cosentyx Prescribing Information. Novartis Pharmaceuticals Corp, January 2015.
2. Langley RG, Elewski BE, Lebwohl M, et al.; ERASURE Study Group; FIXTURE Study Group. Secukinumab in plaque psoriasis--results of two phase 3 trials. N Engl J Med. 2014;374:326-338.

Program	Prior Authorization - Cosentyx (secukinumab)
Change Control	
Date	Change
1/2018	New program for Arizona created