UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Cosentyx

Program	Prior Authorization
Medication	Cosentyx (secukinumab)
Markets in Scope	California, Florida-CHIP, Hawaii, Maryland, Nevada, New Mexico, New York, Ohio, Rhode Island
Issue Date	3/2015
Pharmacy and Therapeutics Approval Date	2/2018
Effective Date	4/2018

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. <u>Plaque Psoriasis</u>

1. <u>Initial Authorization</u>

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 one 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 two of the following:

(a) Humira (adalimumab)

(b) Enbrel (etanercept)
(c) Cimzia (certolizumab pegol)

-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 two of the following:

(a) Humira (adalimumab)
(b) Enbrel (etanercept)
(c) Cimzia (certolizumab pegol)

-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.

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
3/2015	New Guideline
3/2016	Initial therapy section: Added Enbrel to list of preferred drugs that require history of failure, contraindication, or intolerance Added technician note indicating Actemra as a non-preferred drug Annual Review- Updated policy template

5/2016	Added criteria sections for ankylosing spondylitis and psoriatic arthritis. Added Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla (apremilast)] to Section C in Plaque Psoriasis.
7/2016	Added Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla (apremilast)] to Ankylosing Spondylitis (initial and reauthorization) and Plaque Psoriasis (reauthorization).
9/2016	Updated background. Removed prescriber check from all sections. Removed trial and failure of NSAIDs from Ankylosing Spondylitis section. Changed trial and failure requirements from "all" to "two" biologics in Ankylosing Spondylitis and Psoriatic Arthritis sections and from "both" to "one" for Plaque Psoriasis.
3/2017	Updated template. No changes to clinical criteria.
9/2017	Updated preferred products for plaque psoriasis and psoriatic arthritis to include Otezla
2/2018	Removed Otezla as a step therapy medication and updated number of trial/fail medications in the psoriasis and psoriatic arthritis sections.