

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Secukinumab subcutaneous (Cosentyx SC)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as the following:
 - Phototherapy – 8 weeks
 - Systemic non-biologics for psoriasis – 6 weeks
 - Methotrexate for psoriatic arthritis – 3 months
 - Biologics – 12 weeks
 - Topical/oral antibiotics – 8 weeks
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Formulary **secukinumab subcutaneous (Cosentyx SC)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient has failed an adequate trial^ of phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has failed an adequate trial^, or patient has an allergy or intolerance* to, at least 1 of the following (or contraindication to all):
 - Methotrexate
 - Acitretin
 - Cyclosporine
2. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has failed an adequate trial^, has an intolerance* to, or has a contraindication to methotrexate (methotrexate not required if patient has dactylitis (inflammation of finger or toe) and/or enthesitis [inflammation of the entheses])
 - Patient has tried and failed or has intolerance* to at least 1 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
 - Patient has tried and failed or has an intolerance* to at least 1 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)

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All plans offered and underwritten by
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4. Prescriber is a dermatologist and patient has a diagnosis of hidradenitis suppurativa
 - Patient has failed an adequate trial[^], or patient has an allergy or intolerance* to, the following (or contraindication to all):
 - Topical clindamycin 1%
 - Oral antibiotic
 - Infliximab OR adalimumab product

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **secukinumab subcutaneous (Cosentyx SC)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a dermatologist or rheumatologist