Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

secukinumab (Cosentyx)

**Initiation (new start) criteria:** Formulary secukinumab (Cosentyx) 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 tried and failed/intolerant to at least 1 of the following:
     - Methotrexate
     - Cyclosporine
     - Acitretin

2. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis
   - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe])

3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthropathy

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

1. Prescriber is a dermatologist or a rheumatologist