blue of california

secukinumab (COSENTYX)

Diagnoses Considered for Coverage:

- Ankylosing Spondylitis (AS)
- non-radiographic axial spondyloarthritis (nr-axSpA)
- Plaque Psoriasis (PsO)
- Psoriatic Arthritis (PsA)
- Enthesitis-related arthritis (ERA)
- Hidradenitis Suppurativa (HS)

Coverage Criteria:

For moderate to severe plaque psoriasis:

Initial Authorization

• Patient is at least 6 years old, **and**
• Prescribed by or in consultation with a rheumatologist or dermatologist, **and**
• Inadequate response, intolerable side effect, or contraindication to one of the following: methotrexate, cyclosporine (Neoral), acitretin (Soriatane), **or** PUVA/UVB, **and**
• Not being used in combination with Otezla or another targeted biologic (i.e. anti-TNFs, interleukin inhibitors), **and**
• Dose does not exceed 300 mg SQ given on week #0, 1, 2, 3, 4 followed by 300 mg SQ given every 4 weeks, **and**
• One of the following:
  • Baseline PASI score is 10 or more prior to initiating targeted immunological therapy (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla, Taltz), **or**
  • Baseline BSA is 3% or more prior to initiating targeted immunological therapy (e.g. Enbrel, Humira, Stelara, Cosentyx, Otezla, Taltz), **or**
  • Sensitive area is involved (i.e. groin, face, etc.), **or**
  • Disease is otherwise debilitating
 	
Coverage Duration: 24 weeks

Reauthorization
• Patient has shown improvement in the baseline PASI (or BSA if provided on initial request) score, **and** • Not being used in combination with Otezla or another targeted biologic (i.e. anti-TNFs, interleukin inhibitors), **and** • Dose does not exceed 300 mg SQ given every 4 weeks. *Coverage Duration: one year*

For psoriatic arthritis:

• Prescribed by or in consultation with a rheumatologist, **and**

- Inadequate response or intolerable side effect with one DMARD agent OR patient has a medical reason why methotrexate, leflunomide, and sulfasalazine cannot be used, **and**
- Not being used together with other targeted immunotherapies (i.e. anti-TNF drugs, interleukin inhibitors, JAK inhibitors, Otezla), **and**
- Dose does not exceed 150 mg subcutaneously on week #0, 1, 2, 3, 4, followed by a maintenance dose of 300 mg every 4 weeks.

Coverage Duration: one year

For ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA):

- Prescribed by or in consultation with rheumatologist, **and**
- Not being used together with other targeted immunotherapies (i.e. anti-TNF drugs, interleukin inhibitors, JAK inhibitors), **and**
- Dose does not exceed 150 mg subcutaneously on week #0, 1, 2, 3, 4, followed by a maintenance dose of 150 to 300 mg every 4 weeks, **and**
- One of the following:
    - For patient with no bleeding or ulcer risk factors: Either inadequate response or non-GI related intolerable side effect with TWO prescription-strength oral NSAIDs, OR intolerable GI side effect with ONE prescription-strength oral NSAID monotherapy not relieved with addition of concomitant proton pump inhibitor (PPI) therapy, **or**
    - For patient with high-risk potential for development of GI bleed or ulcer: Inadequate response or intolerable side effect to ONE prescription-strength oral NSAID in combination with a proton pump inhibitor (PPI), **or**
    - Patient unable to use NSAIDs due to history of GI bleed or ulcer

Coverage Duration: one year

For enthesitis-related arthritis (ERA):

- Patient is at least 4 years old, **and**
- Prescribed by or in consultation with a rheumatologist, **and**
- Inadequate response or intolerable side effect with one NSAID, or contraindication to all NSAIDs, **and**
- Not being used in combination with other targeted immunomodulators (i.e., anti-TNFs, interleukin inhibitors), **and**
- Dose does not exceed 150 mg SQ given on week #0, 1, 2, 3, 4 followed by

150 mg SQ given every 4 weeks.

Coverage Duration: one year

For hidradenitis suppurativa (HS):

1. Being prescribed by or in consultation with a dermatologist, and
2. Patient has moderate to severe HS disease as evidenced by recurrent abscesses with scarring (Hurley stage II or III disease), and
3. Not being used together with other targeted immunotherapies, and
4. Dose does not exceed FDA approved maximum.

Coverage Duration: one year

Effective Date: 02/28/2024