Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Secukinumab Subcutaneous (Cosentyx SC)

Notes:

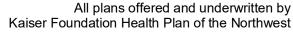
- Quantity Limits: Yes
- Adequate trial is defined as the following:
 - Phototherapy 8 weeks
 - O Systemic non-biologics for psoriasis 6 weeks
 - Methotrexate for psoriatic arthritis 3 months
 - o Biologics 12 weeks
 - Topical/oral antibiotics 8 weeks
- * Intolerance excludes adverse drug reactions that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

<u>Initiation (new start) criteria</u>: 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
 - Patient has failed an adequate trial, or has an allergy, intolerance, or contraindication to an ustekinumab product (criteria based)
- 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 finder or toe) and/or enthesitis [inflammation of the entheses])

kp.org

Revised: 12/11/25 Effective: 02/05/26





Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Secukinumab Subcutaneous (Cosentyx SC)

- 3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthropathy
 - Patient has failed an adequate trial[^], has an intolerance^{*}, or has a contraindication 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)
- 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):
 - o Topical clindamycin 1%
 - Oral antibiotic
 - o Infliximab OR adalimumab product (criteria based)

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Formulary secukinumab
<u>subcutaneous (Cosentyx SC)</u> 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 treatment with, has an allergy or intolerance* to an ustekinumab product (criteria based) OR an adalimumab product (criteria based) (or contraindication to both)
- 2. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis
- 3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthropathy
 - Patient failed treatment with, or has an allergy, intolerance*, or contraindication 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)

kp.org

Revised: 12/11/25 Effective: 02/05/26 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



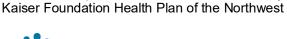
Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Secukinumab Subcutaneous (Cosentyx SC)

- 4. Prescriber is a dermatologist and patient has a diagnosis of hidradenitis suppurativa
 - Patient failed treatment with, or has an allergy, intolerance*, or contraindication 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)

kp.org

Revised: 12/11/25 Effective: 02/05/26





All plans offered and underwritten by