

# 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
  - 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 finger or toe) and/or enthesitis [inflammation of the entheses])

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3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
  - Patient has failed an adequate trial<sup>^</sup>, has an intolerance<sup>\*</sup>, 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<sup>^</sup>, or patient has an allergy or intolerance<sup>\*</sup> to, the following (or contraindication to all):
    - Topical clindamycin 1%
    - Oral antibiotic
    - Infliximab OR adalimumab product (criteria based)

**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:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
  - Patient has failed treatment with, has an allergy or intolerance<sup>\*</sup> 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/spondyloarthritis
  - Patient failed treatment with, or has an allergy, intolerance<sup>\*</sup>, 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)

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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)