

<b>POLICY NAME</b>	Cosentyx (secukinumab)	<b>POLICY #</b>	2332P
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## Criteria

### Coverage Criteria for Plaque Psoriasis

- ☐ 1.1 See Plaque Psoriasis Immunomodulator Therapies policy

### Coverage Criteria for Ankylosing Spondylitis

- ☐ 2.1 See Ankylosing Spondylitis Immunomodulator Therapies policy

### Coverage Criteria for Psoriatic Arthritis

- ☐ 3.1 See Psoriatic Arthritis Immunomodulator Therapies policy

### Coverage Criteria for Nonradiographic Axial Spondyloarthritis

- ☐ 4.1 See Nonradiographic Axial Spondyloarthritis Immunomodulators policy

### Coverage Criteria for enthesitis-related arthritis (ERA)

- ☐ 5.1 Diagnosis of active enthesitis-related arthritis
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- ☐ 5.2 Age 4 years of age or older
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- ☐ 5.3 Prescribed by or with a rheumatologist (musculoskeletal doctor)
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- ☐ 5.4 Trial and failure, contraindication, or intolerance to two non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, meloxicam, naproxen)

### Coverage Criteria for Hidradenitis Suppurativa

- ☐ 6.1 See Hidradenitis Suppurativa Immunomodulator Therapies policy

### Exclusion Criteria – Any of the following prevents coverage

- ☐ **7.1** Inadequate response to initial or previous Cosentyx therapy

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- ☐ **7.2** Patients with active infections, latent tuberculosis, or symptomatic or deteriorating congestive heart failure

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- ☐ **7.3** Health Alliance does not cover concurrent therapy with other biologic DMARDS or other TNF blockers based upon the possible increased risk for infections and other potential pharmacological interactions