

POLICY NAME	Cosentyx (secukinumab)	POLICY #	2332P
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Criteria

Coverage Criteria for Plaque Psoriasis

- ☐ See Plaque Psoriasis Immunomodulator Therapies policy

Coverage Criteria for Ankylosing Spondylitis

- ☐ See Ankylosing Spondylitis Immunomodulator Therapies policy

Coverage Criteria for Psoriatic Arthritis

- ☐ See Psoriatic Arthritis Immunomodulator Therapies policy

Coverage Criteria for Nonradiographic Axial Spondyloarthritis

- ☐ See Nonradiographic Axial Spondyloarthritis Immunomodulators policy

Coverage Criteria for enthesitis-related arthritis (ERA)

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

Coverage Criteria for Hidradenitis Suppurativa

- ☐ See Hidradenitis Suppurativa Immunomodulator Therapies policy

Exclusion Criteria – Any of the following prevents coverage

- ☐ Inadequate response to initial or previous Cosentyx therapy

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

- ☐ 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