



Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Moderate to severe plaque psoriasis (PsO)
 - a. 6 years of age or older
 - b. Inadequate treatment response, intolerance, or contraindication to either conventional systemic therapy (see Appendix 1) or phototherapy
 - i. If the patient is intolerant or contraindicated to one therapy then the patient must have an inadequate response, intolerance, or contraindication to the other treatment option
 - c. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
2. Active psoriatic arthritis (PsA)
 - a. 2 years of age or older
 - b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional DMARD (see Appendix 1)
 - c. **Age 18+ only:** Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
3. Active ankylosing spondylitis (AS)
 - a. 18 years of age or older
 - b. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
 - c. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
4. Active non-radiographic axial spondyloarthritis (nr-axSpA)
 - a. 18 years of age or older



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- b. Patient has objective signs of inflammation
 - c. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
 - d. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
5. Active enthesitis-related arthritis (ERA)
- a. 4 years of age or older
6. Hidradenitis Suppurativa (HS)
- a. 18 years of age or older

AND ALL of the following for **ALL** diagnoses:

- 1. Patient will not exceed the FDA labeled maintenance dose as outlined in the quantity limit chart below
- 2. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- 3. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
- 4. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
- 5. **NOT** given concurrently with live vaccines

Prior - Approval Limits

Quantity

Diagnosis	Strength	Quantity
Ankylosing spondylitis (AS)	150 mg SC syringe 300 mg SC syringe 300 mg carton (2x150 mg) SC syringe	17 units per 365 days (Loading dose of 150 mg at Weeks 0, 1, 2, 3, 4 then 150mg <u>or</u> 300mg every 4 weeks)
	125 mg/5 mL IV vial	(Loading dose of 6 mg/kg at Week 0, then 1.75 mg/kg every 4 weeks)
Hidradenitis suppurativa (HS)	300 mg SC syringe 300 mg carton (2x150 mg) SC syringe	29 units per 365 days (Loading dose of 300 mg at Weeks 0, 1, 2, 3, 4 then 300 mg every 2-4 weeks)
Plaque psoriasis (PsO)	150 mg SC syringe 300 mg SC syringe	17 units per 365 days (Loading dose of 150 mg <u>or</u> 300 mg



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Age 18+ only	300 mg carton (2x150 mg) SC syringe	at Weeks 0, 1, 2, 3, 4 then 150mg <u>or</u> 300mg every 4 weeks)
Psoriatic arthritis (PsA) Age 18+ only	150 mg SC syringe 300 mg SC syringe 300 mg carton (2x150 mg) SC syringe	17 units per 365 days (Loading dose of 150 mg <u>or</u> 300 mg at Weeks 0, 1, 2, 3, 4 then 150mg <u>or</u> 300mg every 4 weeks)
	125 mg/5 mL IV vial	(Loading dose of 6 mg/kg at Week 0, then 1.75 mg/kg every 4 weeks)
Enthesitis-related arthritis (ERA)	75 mg SC syringe 150 mg SC syringe	17 units per 365 days (Loading dose of 75 mg <u>or</u> 150 mg at Weeks 0, 1, 2, 3, 4 then 75 mg <u>or</u> 150 mg every 4 weeks)
Psoriatic arthritis (PsA) Age 2 - 17 only		
Plaque psoriasis (PsO) Age 6 - 17 only		
Non-radiographic axial spondyloarthritis (nr-axSpA)	150 mg SC syringe	17 units per 365 days (Loading dose of 150 mg at Weeks 0, 1, 2, 3, 4 then 150 mg every 4 weeks)
	125 mg/5 mL IV vial	(Loading dose of 6 mg/kg at Week 0, then 1.75 mg/kg every 4 weeks)

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Plaque psoriasis (PsO)
 - a. 6 years of age or older
 - b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
2. Psoriatic arthritis (PsA)
 - a. 2 years of age or older



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- b. **Age 18+ only:** Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
- 3. Ankylosing spondylitis (AS)
 - a. 18 years of age or older
 - b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
- 4. Non-radiographic axial spondyloarthritis (nr-axSpA)
 - a. 18 years of age or older
 - b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
- 5. Enthesitis-related arthritis (ERA)
 - a. 4 years of age or older
- 6. Hidradenitis Suppurativa (HS)
 - a. 18 years of age or older

AND ALL of the following for **ALL** diagnoses:

- 1. Condition has improved or stabilized with therapy
- 2. Patient will not exceed the FDA labeled maintenance dose as outlined in the quantity limit chart below
- 3. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- 4. **NOT** given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Quantity

Diagnosis	Strength	Quantity
Ankylosing spondylitis (AS)	150 mg SC syringe 300 mg SC syringe 300 mg carton (2 of the 150 mg) SC syringe	3 units per 84 days



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	125 mg/5 mL IV vial	1.75 mg/kg every 4 weeks
Hidradenitis suppurativa (HS)	300 mg SC syringe 300 mg carton (2 of the 150 mg) SC syringe	6 units per 84 days
Plaque psoriasis (PsO) Age 18+ only	150 mg 300 mg 300 mg carton (2 of the 150mg)	3 units per 84 days
Psoriatic arthritis (PsA) Age 18+ only	150 mg SC syringe 300 mg SC syringe 300 mg carton (2 of the 150 mg) SC syringe	3 units per 84 days
	125 mg/5 mL IV vial	1.75 mg/kg every 4 weeks
Enthesitis-related arthritis (ERA)	75 mg SC syringe 150 mg SC syringe	3 units per 84 days
Psoriatic arthritis (PsA) Age 2 - 17 only		
Plaque psoriasis (PsO) Age 6 - 17 only		
Non-radiographic axial spondyloarthritis (nr-axSpA)	150 mg SC syringe	3 units per 84 days
	125 mg/5 mL IV vial	1.75 mg/kg every 4 weeks

Duration 18 months

Appendix 1 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytosan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)



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Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
bimekizumab-bkzx	Bimzelx
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 2 - List of Preferred Products

Diagnosis	Standard Option/Basic Option Preferred Products	Blue Focus Preferred Products
Ankylosing spondylitis (AS)	*must try TWO preferred products: Enbrel Humira** Rinvoq Taltz	*must try ONE preferred product: Enbrel Humira**
Non-radiographic axial spondyloarthritis (nr-axSpA)	*must try TWO preferred products: Cimzia Rinvoq Taltz	No preferred products
Plaque psoriasis (PsO) Age 18+	*must try THREE preferred products: Enbrel Humira**	*must try ONE preferred product: Enbrel Humira**



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	Otezla Skyrizi Stelara (SC) Taltz Tremfya	
Plaque Psoriasis (PsO) Age 12-17	*must try THREE preferred products: Enbrel Humira** Otezla Stelara (SC) Taltz	*must try ONE preferred product: Enbrel Humira**
Plaque Psoriasis (PsO) Age 6-11	*must try THREE preferred products: Enbrel Otezla Stelara (SC) Taltz	*must try ONE preferred product: Enbrel
Psoriatic arthritis (PsA) Age 18+	*must try TWO preferred products: Enbrel Humira** Otezla Rinvoq Stelara (SC) Skyrizi Taltz Tremfya Xeljanz/XR	*must try ONE preferred product: Enbrel Humira**
Psoriatic arthritis (PsA) Age 2-17	No preferred products	No preferred products

**Including all preferred biosimilars (see reference product criteria)