# COSENTYX (SEUKINUMAB)

**Products Affected**

- **COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML**

<table>
<thead>
<tr>
<th>PA Criteria</th>
<th>Criteria Details</th>
</tr>
</thead>
</table>
| **Covered Uses** | *Treatment of moderate to severe plaque psoriasis (PP) in adult patients who are candidates for systemic therapy or phototherapy  
*Treatment of adults with active psoriatic arthritis (PsA)  
*Treatment of adults with active ankylosing spondylitis (AS)* |
| **Exclusion Criteria** | N/A                                                                                   |
| **Required Medical Information** | *Patient must have a negative tuberculosis test or received treatment if tested positive.  
*Ankylosing Spondylitis:  
*Clinically diagnosed with ankylosing spondylitis.  
*Failed/intolerant/contraindicated to at least one NSAID.  
*Plaque Psoriasis:  
*Clinically diagnosed with plaque psoriasis involving 10% of body surface area.  
*Failed/intolerant/contraindicated to at least one of the following: phototherapy, methotrexate, cyclosporine, or acitretin.  
*Psoriatic Arthritis:  
*Clinically diagnosed with psoriatic arthritis.  
*Failed/intolerant/contraindicated to at least one DMARD (such as methotrexate, leflunomide, azathioprine). |
<p>| <strong>Age Restrictions</strong> | <em>18 years of age and older</em>                                                          |
| <strong>Prescriber Restrictions</strong> | <em>Must be prescribed by a rheumatologist, or dermatologist</em>                            |
| <strong>Coverage Duration</strong> | <em>1 year</em>                                                                             |</p>
<table>
<thead>
<tr>
<th><strong>PA Criteria</strong></th>
<th><strong>Criteria Details</strong></th>
</tr>
</thead>
</table>
| **Other Criteria** | *If requesting 300mg, a dose reduction to 150mg every 4 weeks has been attempted or the patient is not a candidate for a dose reduction.*  
*Requested dose does not exceed 300mg every 4 weeks.*  
continuation of therapy criteria:  
*Patient is tolerating treatment.*  
*Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient's condition).*  
*If requesting 300mg, a dose reduction to 150mg every 4 weeks has been attempted or the patient is not a candidate for a dose reduction.*  
*Requested dose does not exceed 300mg every 4 weeks.*  
*Benefit Type: Pharmacy*  
* Adopted: 6/10/15*  
* Reviewed: 6/14/2017: updated criteria for use, added continuation of therapy criteria, 9/13/2017: added BSA requirement for plaque psoriasis; added dermatologist as prescriber; 2/14/18: removed failure of two biologics from all indications* |