

Priority Health Medicare Prior Authorization Criteria (Part D)

Cosentyx®

Products affected

- Cosentyx®
- Cosentyx® Sensoready Pen

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have a negative TB test in the last 12 months.
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface area must be affected, unless hands, feet, neck, or genitalia are affected), patient must first try one topical (desoximetasone, fluocinonide, Tazorac, calcipotriene, and clobetasol), one systemic non-biologic treatment (cyclosporine, cyclosporine modified, methotrexate, methylprednisolone, prednisone, or Soriatane), and Enbrel or Humira. For diagnosis of ankylosing spondylitis, patient must have presence of the disease for 4 weeks or longer, and must first try a therapeutic dose of two NSAIDs during a single 3-month period and Enbrel or Humira. For diagnosis of psoriatic arthritis, patient must first try one non-biologic DMARD and Enbrel or Humira.