



Drug Name: Cosentyx (secukinumab)

Date: 9-2017

Drug Name:	Cosentyx (secukinumab)
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for severe plaque psoriasis (Psoriasis involvement of 10% or more of the body-surface area) AND • Patient has failed a recent trial of adequate dose and appropriate duration with at least one DMARD due to inadequate response and/or intolerance AND • Patient has failed a recent trial of adequate dose and appropriate duration with Humira or Enbrel due to inadequate response or intolerance
Coverage Duration(s)	<ul style="list-style-type: none"> • Initial: 4 months • Renewals: 9 months