

<b>Reference number</b>
1737-H

## SPECIALTY QUANTITY LIMIT PROGRAM

### COSENTYX (secukinumab)

#### I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

#### II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Cosentyx (secukinumab): 150 mg pen or syringe	1 pen/syringe per 28 days	5 pens/syringes per 35 days	<b>PsA/AS:</b> <ul style="list-style-type: none"> <li>• Loading doses (optional): 150 mg at weeks 0, 1, 2, 3, 4</li> <li>• Maintenance dose: 150 mg every 4 weeks</li> </ul> <b>Plaque psoriasis, with or without coexistent psoriatic arthritis:</b> <ul style="list-style-type: none"> <li>• Loading doses: 300 mg at weeks 0, 1, 2, 3, 4</li> <li>• Maintenance dose: 300 mg every 4 weeks (150 mg every 4 weeks may be acceptable)</li> </ul>
Cosentyx (secukinumab): 300 mg dose carton containing (2) 150 mg pens or (2) 150 mg syringes	1 dose carton per 28 days	5 dose cartons per 35 days	

Abbreviations: RA = rheumatoid arthritis; PsA = psoriatic arthritis; AS = ankylosing

\*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

#### III. REFERENCE

1. Cosentyx [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2018.