





For **reauthorization**:

1. **Chart notes must show** improvement or stabilized signs and symptoms of disease, demonstrated by **BSA improvement, etc.**

***If all the above requirements are met, the medication will be approved for an additional 12 months.***



	the wording of “non-biologic” DMARD to “conventional” DMARD. Clarified reauthorization criteria. Updated references.
<b>11/08/2023</b>	Added HS diagnosis; added/updated references; added IV dosing to applicable dx; simplified TB test requirement wording; added medical benefit option.

References:

1. Cosentyx [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 2023.
2. Ward MM, Deodhar A, Gensler LS, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. *Arthritis Rheumatol.* 2019 Oct;71(10):1599-1613. doi: 10.1002/art.41042. Epub 2019 Aug 22.
3. Akgul O, Ozgocmen S. Classification criteria for spondyloarthropathies. *World J Orthop.* 2011;2(12):107