I. Medication Description

Cosentyx® (secukinumab) is a human IgG1 monoclonal antibody that selectively binds to the interleukin-17A (IL-17A) cytokine, which inhibits its interaction with the IL-17A receptor. IL-17A is involved in normal inflammatory and immune responses. Elevated concentrations of IL-17A are found in psoriatic plaques.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage for Cosentyx is provided for adult members for the following conditions when the listed criteria are met:

- Ankylosing spondylitis (active disease):
  - Prescribed by a rheumatologist AND
  - The member has had inadequate results with at least two NSAIDs (unless NSAIDs are contraindicated)

- Plaque psoriasis (moderate to severe disease):
  - Prescribed by a rheumatologist or dermatologist AND
  - At least 10% of BSA affected or less than 10% BSA affected but with palmar, plantar, head/neck, or genitalia involvement AND
  - Member has had an inadequate response to PUVA or UVB therapy unless contraindicated AND
  - Member has had an inadequate response to non-biologic systemic therapy (i.e. methotrexate, cyclosporine, acitretin) unless contraindicated

- Psoriatic arthritis (active disease):
  - Prescribed by a rheumatologist or dermatologist AND
  - If predominantly axial disease is documented, the member has experienced treatment failure with at least two oral NSAIDs (unless NSAIDs are contraindicated)
IV. **Quantity Limitations**

Quantity will be limited according to indication as follows:

- Ankylosing spondylitis:
  - With a loading dose: 150 mg (1 syringe or pen) at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
  - Without a loading dose: 150 mg (1 syringe or pen) every 4 weeks

- Plaque psoriasis:
  - 300 mg (2 syringes or pens) by subcutaneous injection at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter

- Psoriatic arthritis:
  - With a loading dose: 150 mg (1 syringe or pen) at weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter
  - Without a loading dose: 150 mg (1 syringe or pen) every 4 weeks
  - Dosage of 300 mg can be considered if continued active psoriatic arthritis

V. **Coverage Duration**

Coverage will be authorized for 12 months and may be renewed.

VI. **Coverage Renewal Criteria**

Coverage can be renewed based upon the following criteria:

- Clinical response or remission of disease is maintained with continued use **AND**
- Absence of unacceptable toxicity from the drug

VII. **Billing/Coding Information**

Cosentyx is available as follows:

- 150 mg/mL Sensoready® pens or prefilled syringes (1 or 2 vials per carton)

VIII. **Summary of Policy Changes**

- 6/15/15: new policy
- 7/1/15: formulary distinctions made
- 12/15/15: no policy changes
- 1/19/16: criteria for coverage of the treatment of ankylosing spondylitis and psoriatic arthritis added in response to new FDA-approved indications
- 9/15/16: no policy changes
- 1/1/17: step therapy rules updated; trials with Enbrel and Humira no longer required
- 9/8/17: obsolete lyophilized powder vial removed from policy
- 10/11/17: no policy changes
- 11/1/18: added new vial formulation and clarified medical/pharmacy benefit
• 5/15/19: updated billing/coding information; vial/medical benefit removed as no longer available
• 8/15/19: updated coverage criteria for PsA
• 11/15/19: no policy changes

IX. References