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Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Topical products	**Original Policy Date:**	February 13, 2015
Subject:	Cosentyx	**Page:**	1 of 9

Last Review Date: March 12, 2021

Cosentyx

Description

Cosentyx (secukinumab)

Background
Cosentyx (secukinumab) is a human interleukin-17A (IL-17A) antagonist that helps regulate inflammation associated with plaque psoriasis (PsO), psoriatic arthritis (PsA), ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA). Cosentyx binds to IL-17A and prevents it from binding to its receptor inhibiting its ability to trigger an inflammatory response (1).

Regulatory Status
FDA-Approved indication: Cosentyx is a human interleukin-17A antagonist indicated for the treatment of: (1)

1. Moderate to severe plaque psoriasis (PsO) in adult patients who are candidates for systemic therapy or phototherapy
2. Adults with active psoriatic arthritis (PsA)
3. Adults with active ankylosing spondylitis (AS)
4. Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation

Evaluate patients for tuberculosis infection prior to initiating treatment with Cosentyx. Do not administer Cosentyx to patients with active tuberculosis. Initiate treatment of latent tuberculosis prior to administering Cosentyx. Consider anti-tuberculosis therapy prior to initiation of Cosentyx in patients with a past history of latent or active tuberculosis in whom an adequate course of

treatment cannot be confirmed. Patients receiving Cosentyx should be monitored closely for signs and symptoms of active tuberculosis during and after treatment (1).

Cosentyx affects the immune system, thus patients may have a greater risk of getting an infection. Serious allergic reactions have been reported with the use of Cosentyx. Caution should be exercised when considering the use of Cosentyx in patients with a chronic infection or history of recurrent infection, and in patients with active Crohn's Disease (1).

Cosentyx may cause inflammatory bowel disease. Caution should be exercised when prescribing Cosentyx to patients with inflammatory bowel disease, and all patients should be evaluated for signs and symptoms of inflammatory bowel disease (1).

Patients treated with Cosentyx should not receive live vaccines (1).

Safety and effectiveness of Cosentyx in pediatric patients less than 18 years of age have not been established (1).

Related policies
Siliq, Taltz

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Cosentyx may be considered **medically necessary** in patients 18 years of age and older for the treatment of moderate to severe plaque psoriasis (PsO), active psoriatic arthritis (PsA), active ankylosing spondylitis (AS), or active non-radiographic axial spondyloarthritis (nr-axSpA) if the conditions indicated below are met.

Cosentyx may be considered **investigational** for patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Moderate to severe plaque psoriasis (PsO)
    a. Inadequate response, intolerance, or contraindication to either conventional systemic therapy (see Appendix 1) or phototherapy
        i. If the patient is intolerant or contraindicated to one therapy then the patient must have an inadequate response, intolerance, or contraindication to the other treatment option
    b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 300 mg every 4 weeks
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

2. Active psoriatic arthritis (PsA)
    a. Inadequate response, intolerance or contraindication to a 3-month trial of at least **ONE** conventional DMARD (see Appendix 1)
    b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 300 mg every 4 weeks
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

3. Active ankylosing spondylitis (AS)
    a. Inadequate response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
    b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 300 mg every 4 weeks
    c. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

4. Active non-radiographic axial spondyloarthritis (nr-axSpA)
    a. Patient has objective signs of inflammation

b. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 150 mg every 4 weeks
d. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

AND ALL of the following for **ALL** diagnoses:

1. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
2. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
3. Absence of active infection (including tuberculosis and hepatitis B virus (HBV))
4. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Plaque psoriasis (PsO)
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 300 mg every 4 weeks
   b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

2. Psoriatic arthritis (PsA)
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 300 mg every 4 weeks
   b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid

medical exception (e.g. inadequate treatment response, intolerance, contraindication)

3. Ankylosing spondylitis (AS)
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 300 mg every 4 weeks
   b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

4. Non-radiographic axial spondyloarthritis (nr-axSpA)
   a. Prescriber will be dosing the patient within the FDA labeled maintenance dose of 150 mg every 4 weeks
   b. Patient **MUST** have tried the preferred product(s) (see Appendix 2) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

AND ALL of the following for **ALL** diagnoses:

1. Condition has improved or stabilized with therapy
2. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
3. **NOT** given concurrently with live vaccines

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Diagnosis	Strength	Quantity
Ankylosing spondylitis (AS) Plaque psoriasis (PsO) Psoriatic arthritis (PsA)	150 mg 300 mg carton (2 of the 150 mg)	17 units per 365 days (Loading dose of 150mg or 300mg at Week 0, 1, 2, 3, 4 then 150mg or 300mg every 4 weeks)
Non-radiographic axial spondyloarthritis (nr-axSpA)	150 mg	17 units per 365 days (Loading dose of 150mg at Week 0, 1, 2, 3, 4 then 150mg every 4 weeks)

Duration 12 months

Prior – Approval *Renewal* Limits

Quantity

Diagnosis	Strength	Quantity
Ankylosing spondylitis (AS) Plaque psoriasis (PsO) Psoriatic arthritis (PsA)	150 mg 300 mg carton (2 of the 150mg)	3 units per 84 days
Non-radiographic axial spondyloarthritis (nr-axSpA)	150 mg	3 units per 84 days

Duration 18 months

Rationale

Summary

Cosentyx (secukinumab) is a human interleukin-17A (IL-17A) antagonist that helps regulate inflammation associated with plaque psoriasis (PsO), psoriatic arthritis (PsA), ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA). Cosentyx binds to interleukin 17A (IL-17A) and prevents it from binding to its receptor inhibiting its ability to trigger an inflammatory response. Cosentyx should not be used in combination with other biological DMARDs or other tumor necrosis factor (TNF) blockers (1).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of Cosentyx while maintaining optimal therapeutic outcomes.

References

1. Cosentyx [package insert]. New Hanover, NJ: Novartis Pharmaceutical Corp; June 2020.

Policy History

Date	Action
February 2015	New addition to PA
March 2015	Annual editorial review and reference update
June 2015	Annual review
September 2015	Annual review

January 2016	Addition of new indications active psoriatic arthritis (PsA) and active ankylosing spondylitis (AS) Policy number changed from 5.18.11 to 5.90.11
March 2016	Annual editorial review
September 2016	Annual editorial review Addition of not given concurrently with live vaccines per SME
December 2016	Annual review
June 2017	Annual review
September 2017	Annual editorial review and reference update Added age limit to renewal section and dosage limit requirements
December 2017	Annual review
June 2018	Addition of additional requirements to initiation criteria For diagnosis of AS: inadequate response, intolerance, or contraindication to at least 2 NSAIDs For diagnosis of PsA: inadequate response, intolerance or contraindication to a 3-month trial of at least ONE conventional DMARD For diagnosis of PsO: if the patient is intolerant or contraindicated to either therapy then the other treatment option needs to be tried Addition of conventional therapy and biological DMARDS to appendix
September 2018	Annual editorial review and reference update Addition of inflammatory bowel disease warning to regulatory status per SME
September 2019	Annual review
December 2019	Addition of requirement to trial preferred product
February 2020	Revised ankylosing spondylitis dosing to 300 mg every 4 weeks
March 2020	Annual review
July 2020	Addition of indication: non-radiographic axial spondyloarthritis (nr-axSpA)
September 2020	Annual review
December 2020	Annual editorial review. Added Appendix 2 with a list of preferred medications based on diagnosis and plan. Added PA quantity limits. Changed initial approval duration to 12 months
March 2021	Annual editorial review. Revised background and summary sections. Clarification added to the t/f, intolerance, C/I to preferred products requirement indicating that it only applies to claims adjudicated through the pharmacy benefit. Appendix 1 updated.

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.

Appendix 1 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade/Avsola/Inflectra/Renflexis
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan/Riabni/Ruxience/Truxima
sarilumab	Kevzara
secukinumab	Cosentyx
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 2 - List of Preferred Products

Diagnosis	Standard Option/Basic Option Preferred Products	Blue Focus Preferred Products
Ankylosing spondylitis (AS)	*must try **TWO** preferred products: Enbrel Humira Taltz	*must try **ONE** preferred product: Enbrel Humira
Non-radiographic axial spondyloarthritis (nr-axSpA)	*must try **TWO** preferred products: Cimzia Taltz	No preferred products
Plaque psoriasis (PsO)	*must try **THREE** preferred products: Enbrel Humira Otezla Skyrizi Stelara (SC) Taltz Tremfya	*must try **ONE** preferred product: Enbrel Humira
Psoriatic arthritis (PsA)	*must try **TWO** preferred products: Enbrel Humira Otezla Stelara (SC) Taltz Tremfya Xeljanz/XR	*must try **ONE** preferred product: Enbrel Humira