Medical Policy:

Cosentyx (secukinumab) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.407	March 15, 2024	March 28, 2024

Length of Authorization

Coverage will be provided for one loading dose.

Dosing Limits [Medical Benefit]

The recommended IV dose of Cosentyx with a loading dose is 6 mg/kg at Week 0, followed by 1.75 mg/kg once every 4 weeks thereafter. The recommended IV dose without a loading dose is 1.75 mg/kg once every 4 weeks. In either regimen, the maximum recommended maintenance dose is 300 mg.

Max Units (per dose and over time) [HCPCS Unit]

Indication	Max Units
Psoriatic Arthritis and Ankylosing Spondylitis	Intravenous Administration • Loading: 750 billable units at week 0
Non-Radiographic Axial Spondyloarthritis	Intravenous Administration • Loading: 750 billable units at week 0

Guideline

I. INITIAL CRITERIA

Coverage is provided in the following conditions:

1. Patient is at least 18 years of age (unless otherwise specified); **AND**
2. Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
3. Patient is up to date with all age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**
4. Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for presence of TB during treatment; **AND**
5. Will not be administered concurrently with live vaccines; **AND**
6. Patient does not have an active infection, including clinically important localized infections; **AND**
7. Patient is not on concurrent treatment with another IL-inhibitor, TNF-inhibitor, biologic response modifier or other non-biologic immunomodulating agent (e.g., apremilast, abrocitinib, tofacitinib, baricitinib, upadacitinib, deucravacitinib, etc.); **AND**

1. <u>Adult Psoriatic Arthritis (PsA) †</u>

A. Documented moderate to severe active disease; **AND**
   i. For patients with predominantly axial disease, a trial and failure of at least a 4-week trial of ONE non-steroidal anti-inflammatory agent (NSAID), unless use is contraindicated; **OR**
   ii. For patients with peripheral arthritis, dactylitis **OR** active enthesitis, a trial and failure of at least a 3-month trial of ONE oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine, etc.; **AND**

B. May be used as a single agent or in combination with an oral non-biologic DMARD (e.g.., methotrexate, etc.)

Note: Patients new to therapy must initiate treatment at the lower dosing regimen of the 150 mg dose before increasing to the 300 mg dose (unless they have co-existent plaque psoriasis)

2. <u>Ankylosing Spondylitis (AS) †</u>

A. Documented active disease; **AND**
B. Patient had an adequate trial and failure of at least TWO (2) non-steroidal antiinflammatory agents (NSAIDs) over 4 weeks (in total), unless use is contraindicated

Note: Patients new to therapy must initiate treatment at the lower dosing regimen of the 150 mg dose before increasing to the 300 mg dose

3. <u>Non-Radiographic Axial Spondyloarthritis (nr-axSpA) †</u>

A. Patient has objective signs of inflammation noted by an elevation of C-reactive protein (CRP) above the upper limit of normal and/or sacroiliitis on magnetic resonance imaging (MRI); **AND**
B. Patient is without definitive radiographic evidence of structural damage on sacroiliac joints; **AND**
C. Documented active disease; **AND**
D. Patient had an adequate trial and failure of at least TWO (2) non-steroidal antiinflammatory agents (NSAIDs) unless use is contraindicated

† FDA Approved Indication(s); ‡ Compendia Recommended Indication

Applicable Procedure Codes

Code	Description
J3247	Injection, secukinumab, intravenous, 1 mg

Applicable NDCs

Code	Description
00078-1168-61	Cosentyx 25mg/1mL, 5 mL vial

ICD-10 Diagnoses

Code	Description
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.59	Other psoriatic arthropathy
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/28/2024	New Policy

References

1. Product Information: COSENTYX® subcutaneous, intravenous injection, secukinumab subcutaneous, intravenous injection. Novartis Pharmaceuticals Corporation (per FDA), East Hanover, NJ, 2023.