Cosentyx® (secukinumab)
(Subcutaneous)

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Cosentyx 150 mg Sensoready Pen/prefilled syringe/single-use vial:
  - Loading: 2 pens/prefilled syringes/vials at weeks 0, 1, 2, 3, 4
  - Maintenance: 2 pens/prefilled syringes/vials every 28 days

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

Indication	Max Units
All Indications	Loading: • 300 mg at weeks 0, 1, 2, 3, 4 Maintenance: • 300 mg every 28 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is at least 18 years or older; **AND**

Universal Criteria [1]

- Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for TB; **AND**
- Must not be administered concurrently with live vaccines; **AND**
- Patient does not have any clinically important active infections; **AND**

- Patient is not on concurrent treatment with another TNF-inhibitor, biologic response modifier or other non-biologic immunomodulating agent (i.e., apremilast, tofacitinib, baricitinib, etc.); **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool and patient will receive ongoing monitoring for disease response; **AND**

Plaque Psoriasis † [1,8]

- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
  - Involvement of at least 10% of body surface area (BSA); **OR**
  - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - Incapacitation due to plaque location (i.e., head and neck, palms, soles or genitalia); **AND**
- Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or Vitamin D analogues); **AND**
  - Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of at least 1 systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **OR**
  - Patient did not respond adequately (or is not a candidate) to a 3 month minimum trial of phototherapy (i.e., Psoralens with UVA light (PUVA) OR UVB with coal tar or dithranol)

Psoriatic Arthritis (PsA) † [1, 5, 6, 9]

- Documented moderate to severe active disease; **AND**
  - For patients with predominantly axial disease OR active enthesitis and/or dactylitis, an adequate trial and failure of at least TWO (2) non-steroidal anti-inflammatory agents (NSAIDs), unless use is contraindicated; **OR**
  - For patients with peripheral arthritis, 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

*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)

Ankylosing Spondylitis † [1, 11]

- Documented active disease; **AND**
- Patient had an adequate trial and failure to a 1 month trial of at least TWO (2) non-steroidal anti-inflammatory agents (NSAIDs), unless use is contraindicated

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

† FDA Approved Indication(s)

IV. Renewal Criteria [1]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe exacerbations of inflammatory bowel disease, severe infections, and anaphylactic or other serious allergic reactions; **AND**

Plaque Psoriasis [8,10]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement ≤1%), and/or an improvement on a disease activity scoring tool [e.g. a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and a four-point reduction in the DLQI from when treatment started.]

Psoriatic Arthritis [9]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g. defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria.]; **AND**
- Dose escalation (up to the maximum dose and frequency specified below) may occur upon clinical review on a case by case basis provided that the patient has:
    - Shown an initial improvement or response to therapy; **AND**
    - Responded to therapy (by treatment week 8) with subsequent loss of response or continued active disease; **AND**
        - Received loading doses and a minimum of one maintenance dose at the dose and interval specified below; **OR**
        - Received a minimum of two maintenance doses at the dose and interval specified below

Ankylosing Spondylitis [11]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as total back pain, physical function, morning stiffness, and/or an improvement on a disease activity scoring tool [e.g. ≥ 1.1 improvement on the Ankylosing Spondylitis Disease Activity Score (ASDAS) or an improvement of ≥ 2 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)]; **AND**

- Dose escalation (up to the maximum dose and frequency specified below) may occur upon clinical review on a case by case basis provided that the patient has:
    - Shown an initial improvement or response to therapy; **AND**
    - Responded to therapy (by treatment week 8) with subsequent loss of response or continued active disease; **AND**
        - Received loading doses and a minimum of one maintenance dose at the dose and interval specified below; **OR**
        - Received a minimum of two maintenance doses at the dose and interval specified below

V. Dosage/Administration [1]

Indication	Dose
Plaque Psoriasis & psoriatic arthritis with co-existent plaque psoriasis	300 mg by subcutaneous injection at Weeks 0, 1, 2, 3, and 4 followed by 300 mg every 4 weeks. Each 300 mg dose is given as 2 subcutaneous injections of 150 mg. For some patients, a dosage of 150 mg may be acceptable.
Psoriatic Arthritis	With loading dose: 150 mg at weeks 0, 1, 2, 3, & 4 and every 4 weeks thereafter Without a loading dose: 150 mg every 4 weeks **Note**: Cosentyx may be administered with or without a loading dose for this indication. If the patient continues to have active psoriatic arthritis, increasing the dose to 300 mg may be considered.
Ankylosing spondylitis	With loading dose: 150 mg at weeks 0, 1, 2, 3, & 4 and every 4 weeks thereafter Without a loading dose: 150 mg every 4 weeks **Note**: Cosentyx may be administered with or without a loading dose for this indication. If the patient continues to have active ankylosing spondylitis, increasing the dose to 300 mg may be considered.

VI. Billing Code/Availability Information

HCPCS Code:

- J3590 – Unclassified biologics
- C9399 – Unclassified drugs or biologicals *(Hospital Outpatient Use ONLY)*

NDC:

- Cosentyx 150 mg/mL Sensoready Pen (carton of 1 or 2): 00078-0639-xx
- Cosentyx 150 mg/mL prefilled syringe (carton of 1 or 2): 00078-0639-xx

- Cosentyx 150 mg lyophilized powder in a single-use vial (HCP use only): 00078-0657-xx

VII. References

1. Cosentyx [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation; January 2020. Accessed February 2020.
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Appendix 1 – Covered Diagnosis Codes

ICD-10 Codes	ICD-10 Description
L40.0	Psoriasis vulgaris
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

ICD-10 Codes	ICD-10 Description
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

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC