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## **Cosentyx (secukinumab)**

### **NOTICE**

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

### **BENEFIT APPLICATION**

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

### **DESCRIPTION**

The intent of the Cosentyx drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies.

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications

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

### **POLICY**

#### Criteria for Initial Approval

##### **A. Moderate to severe plaque psoriasis (PsO)**

1. Authorization of 12 months may be granted for members who have previously received Otezla or a biologic indicated for the treatment of moderate to severe plaque psoriasis.
2. Authorization of 12 months may be granted for treatment of moderate to severe plaque psoriasis in members when any of the following criteria is met:
  - a. Crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.

- b. At least 10% of the body surface area (BSA) is affected
- c. At least 3% of the body surface area (BSA) is affected and the member meets any of the following criteria:
  - i. Member has had an inadequate response or intolerance to either phototherapy (e.g., UVB, PUVA) or pharmacologic treatment with methotrexate, cyclosporine or acitretin.
  - ii. Member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine and acitretin (see Appendix).

**B. Active psoriatic arthritis (PsA)**

Authorization of 12 months may be granted for treatment of active psoriatic arthritis.

**C. Active ankylosing spondylitis (AS) and active axial spondyloarthritis**

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for active ankylosing spondylitis or active axial spondyloarthritis
2. Authorization of 12 months may be granted for treatment of active ankylosing spondylitis or active axial spondyloarthritis when any of the following criteria is met:
  - a. Member has experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs).
  - b. Member has an intolerance or contraindication to two or more NSAIDs.

Continuation of Therapy

Authorization of 12 months may be granted for all members (including new members) who are using Cosentyx for an indication outlined in the criteria for initial approval and who achieve or maintain positive clinical response with Cosentyx as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Other

For all indications: Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)\* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs (e.g., Xeljanz), and repeated yearly for members with risk factors\*\* for TB that are continuing therapy with biologics.

\* If the screening testing for TB is positive, there must be further testing to confirm there is no active disease. Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

\*\* Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

For all indications: Member cannot use the requested medication concomitantly with any other biologic DMARD or targeted synthetic DMARD.

Cosentyx is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits

Trade Name	Generic Name	Quantity Limit
Cosentyx® prefilled Syringe	secukinumab	Initiation of therapy: 10 syringes per 28 days Maintenance: 2 syringes per 28 days

#### Appendix

#### Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin.

1. Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Drug interaction
4. Cannot be used due to risk of treatment-related toxicity
5. Pregnancy or currently planning pregnancy
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

#### PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT\* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

#### REFERENCES

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- Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol.* 2019;80(4):1029-1072.
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#### POLICY HISTORY

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