**MVP Health Care Medical Policy**

**Medicare Part B: Secukinumab**

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| **Type of Policy:** | **Drug/Medical Therapy** |
| **Prior Approval Date:** | **N/A** |
| **Approval Date:** | **02/01/2024** |
| **Effective Date:** | **04/01/2024** |

**Related Policies: Infliximab, Risankizumab, Ustekinumab, Golimumab, Tocilizumab, Certolizumab**

Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies for drugs that may be covered under the Part D benefit.

## Drugs Requiring Prior Authorization under the medical benefit

J3590 Cosentyx intravenous solution (secukinumab)

## Overview/Summary of Evidence

Secukinumab is a human IgG1 monoclonal antibody that selectively binds to the interleukin-17A (IL-17A) cytokine, inhibiting its interaction with the IL-17A receptor. It is FDA approved for several indications including ankylosing spondylitis, psoriasis and psoriatic arthritis. Secukinumab carries an increased risk of infection; members should be screened for immunologic and infectious disease prior to initiating therapy.

## Indications/Criteria

A. For all indications, Secukinumab IV may be considered for **medical** coverage when:

- Prescribed for an FDA approved indication **AND**
- Ordered by or with consult from an appropriate specialist: rheumatologist/immunologist/dermatologist **AND**

- Member has coverage under Medicare Part B and meets the criteria below for a provider administered drug identified in this policy

**B. Ankylosing Spondylitis & Non-Radiographic Axial Spondylarthritis**

Secukinumab may be considered for coverage for Ankylosing Spondylitis and Non-Radiographic Axial Spondylarthritis when:

- Chart notes documenting a failure of at least one NSAIDS at maximum tolerated dose unless the member has contraindications to NSAID therapy such as cardiovascular disease, peptic ulcer disease or renal disease **AND**
- Documented significant clinical symptoms such as fatigue, spinal pain, arthralgia, inflammation of joints and tendons, morning stiffness duration and therapy **AND**
- Insufficient response to at least one local corticosteroid injection in patients with symptomatic peripheral arthritis **AND**
- Members **with pure axial manifestations** do not have to have a trial of nonbiologic disease modifying anti-rheumatic drugs (DMARDs)

**Initial approval** will be for 6 months

**Extension requests** will be approved for up to 12 months if the member has a continued benefit to therapy. Extension requests where the Secukinumab did not have the full desired effect or considered a clinical failure will require clinical rationale for continuing.

**C. Psoriatic Arthritis**

Secukinumab may be considered for coverage for Psoriatic Arthritis when:

- Member has a diagnosis of moderate to severe psoriatic arthritis as indicated by three or more tender joints AND three or more swollen joints on two separate occasions at least one month apart
- Chart notes documenting a failure of at least one NSAIDS at maximum tolerated dose unless the member has contraindications to NSAID therapy such as cardiovascular disease, peptic ulcer disease or renal disease **AND**Chart notes documenting a failure to respond to an adequate trial of at least one of the following nonbiologic disease modifying anti-rheumatic drugs (DMARDs): leflunomide, sulfasalazine, or methotrexate.
    - Members with **pure axial manifestations** do not have to have a trial of nonbiologic disease modifying anti-rheumatic drugs (DMARDs)

- If a trial of methotrexate is not appropriate due to alcohol use and both leflunomide and sulfasalazine are not clinically appropriate, chart notes must be provided indicating that the patient has been counseled on the need to abstain from alcohol use while taking methotrexate and is unwilling to abstain from alcohol use.

**Initial approval** will be for 6 months

**Extensions requests** will be approved **up to 12 months** if the member has a continued benefit to therapy. Extension requests where the Secukinumab did not have the full desired effect or considered a clinical failure will require clinical rationale for continuing.

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## Exclusions

The use of Secukinumab will not be covered for the following situations:

- Age, dose, frequency of dosing, and/or duration of therapy outside of FDA approved package labeling.
- Secukinumab in combination with other biologics is excluded from coverage
- Combination therapy that is not supported by guidelines

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## References

1. Clinical Pharmacology. Secukinumab. Revised 11/02/2023. Accessed 01/04/2024.
2. Cosentyx (secukinumab) injection. Prescribing Information. East Hanover, NJ. Novartis Pharmaceuticals Corporation. January 2018. Revised November 2023.
3. Ward Michael, Atul Deodhar et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis and Rheumatology. Vol 71 (No. 10). October 2019, pp 1599-1613. Available at: https://www.rheumatology.org/Portals/0/Files/AxialSpA-Guideline-2019.pdf
4. Ringold, Sarah; Angeles-Han Sheila et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Treatment Approaches for

Non-Systemic Polyarthritis, Sacroilitis and Enthesitis. American College of Rheumatology. Vol 71 (No 6). June 2019, pp 717-734.

5. Ward MM, Deodhar A, Gensler LS, et al. 2019 update of the American college of rheumatology/spondylitis association of America/spondyloarthritis research and treatment network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. Arthritis Rheumatol. 2019;71(10):1599-1613. doi:10.1002/art.41042