

## PRIOR AUTHORIZATION POLICY

**POLICY:** Inflammatory Conditions – Cosentyx Intravenous Prior Authorization Policy

- Cosentyx® (secukinumab intravenous infusion – Novartis)

**REVIEW DATE:** 11/01/2023

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### OVERVIEW

Cosentyx intravenous, an interleukin (IL)-17A antagonist, is indicated in the following conditions:<sup>1</sup>

- **Psoriatic arthritis**, in adults with active disease.
- **Ankylosing spondylitis**, in adults with active disease.
- **Non-radiographic axial spondyloarthritis**, in adults with active disease and objective signs of inflammation.

In the pivotal trial for non-radiographic axial spondyloarthritis, patients were required to have objective signs of inflammation, indicated by elevated C-reactive protein and/or sacroiliitis on magnetic resonance imaging.

### Dosing Information

For approved uses, Cosentyx intravenous may be given with or without a single 6 mg/kg loading dose. The maintenance dose is 1.75 mg/kg given intravenously once every 4 weeks.

### Guidelines

The intravenous formulation of Cosentyx has not been addressed in any guidelines. However, IL-17 blockers, including the subcutaneous formulation of Cosentyx, are mentioned in guidelines for treatment of inflammatory conditions.

- **Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis:** Guidelines for ankylosing spondylitis and non-radiographic axial spondyloarthritis are published by the ACR/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (2019).<sup>2</sup> Following primary nonresponse to a TNFi, either Cosentyx or Taltz® (ixekizumab injection) is recommended; however, if the patient is a secondary nonresponder, a second TNFi is recommended over switching out of the class. In patients with a contraindication to a TNFi, use of an IL-17 blocker is recommended over traditional oral agents such as methotrexate or sulfasalazine.
- **Psoriatic Arthritis:** Guidelines from the American College of Rheumatology (ACR)/National Psoriasis Foundation (2018) generally recommend TNFis as the first-line treatment strategy over other biologics (e.g., IL-17 blockers) with differing mechanisms of action.<sup>3</sup>

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Cosentyx intravenous. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Cosentyx intravenous as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Cosentyx intravenous to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

11/01/2023

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Coverage of Cosentyx intravenous is recommended in those who meet one of the following criteria:

### FDA-Approved Indications

**1. Ankylosing Spondylitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):

- i. Patient is  $\geq$  18 years of age; AND
- ii. The medication is prescribed by or in consultation with a rheumatologist.

**B) Patient is Currently Receiving Cosentyx Intravenous or Subcutaneous.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on Cosentyx intravenous or subcutaneous for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Cosentyx intravenous or subcutaneous is reviewed under criterion A (Initial Therapy).

- ii. Patient meets at least ONE of the following (a or b):

**a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Cosentyx intravenous or subcutaneous); OR

Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondyloarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

**b)** Compared with baseline (prior to initiating Cosentyx intravenous or subcutaneous), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

**2. Non-Radiographic Axial Spondyloarthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

- i. Patient is  $\geq$  18 years of age; AND
- ii. Patient has objective signs of inflammation, defined as at least ONE of the following (a or b):
  - a) C-reactive protein elevated beyond the upper limit of normal for the reporting laboratory; OR
  - b) Sacroiliitis reported on magnetic resonance imaging; AND
- iii. The medication is prescribed by or in consultation with a rheumatologist.

**B) Patient is Currently Receiving Cosentyx Intravenous or Subcutaneous.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on Cosentyx intravenous or subcutaneous for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Cosentyx intravenous or subcutaneous is reviewed under criterion A (Initial Therapy).

- ii. Patient meets at least ONE of the following (a or b):

**a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Cosentyx intravenous or subcutaneous); OR

Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing



4. **Plaque Psoriasis.** Cosentyx subcutaneous is indicated and has approved dosing regimens for treatment of plaque psoriasis.<sup>1</sup>
5. **Rheumatoid Arthritis.** In a published, double-dummy Phase III study, Cosentyx was less effective than current treatments in patients with rheumatoid arthritis who were previously treated with a tumor necrosis factor inhibitor (TNFi).<sup>5</sup> Patients were randomized to one of four treatment groups: 1) induction with an intravenous formulation of Cosentyx (10 mg/kg) followed by Cosentyx 150 mg subcutaneously given once every 4 weeks (Q4W) [n = 137]; 2) secukinumab intravenous induction (10 mg/kg) followed by Cosentyx 75 mg subcutaneously Q4W (n = 138). At Week 24, ACR 20 response was significantly better with Cosentyx 150 mg subcutaneous (31%) and Orencia intravenous (43%) vs. placebo (18%). ACR 20 response with Cosentyx 75 mg was 28%, which was not significantly better than the placebo group. ACR 50/70 responses were 17%/10% with Cosentyx 150 mg and 12%/5% with Cosentyx 75 mg which was not significantly different from that of placebo (9%/5%). The group treated with Orencia intravenous had significantly improved ACR 50/70 responses at Week 24 (28%/12%). Using as observed data, ACR 20/50/70 responses at Week 52 were 63%/46%/19% with Cosentyx 150 mg, 57%/26%/7% with Cosentyx 75 mg, and 75%/52%/23% with Orencia intravenous. There is a published Phase II dose-ranging study (n = 237) evaluating Cosentyx in rheumatoid arthritis.<sup>6-8</sup> The ACR 20 response at Week 16 (using last observation carried forward analysis) was 34%, 46.9%, 46.5%, 53.7% for the 25, 75, 150, and 300 mg doses vs. 36% for placebo; however, this did not achieve statistical significance. After Week 16, patients who responded to Cosentyx had sustained response through Week 52, with patients on the 150 mg dose having the greatest improvement over time (55% and 40% of patients with ACR 50 and ACR 70 responses, respectively, at Week 52). In another Phase II study, Cosentyx did not achieve higher ACR 20 response rates at Week 12 vs. placebo.<sup>9</sup> There was an open-label treatment period where ACR responses were generally maintained through Week 52. Some patients were treated with an intravenous formulation of secukinumab and generally responded similarly to those treated with Cosentyx subcutaneous. In another Phase II study, an intravenous formulation of secukinumab demonstrated limited efficacy in biologic-naïve patients with rheumatoid arthritis associated with the HLA-DRB1 allele.<sup>10</sup>
6. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. Cosentyx® [prescribing information]. East Hanover, NJ: Novartis; October 2023.
2. 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;(10):1599-1613.
3. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation guideline for the treatment of psoriatic arthritis. *Arthritis Rheumatol.* 2019;71(1):5-32.
4. Hueber W, Sands BE, Lewitzky S, et al. Secukinumab, a human anti-IL-17A monoclonal antibody, for moderate to severe Crohn's disease: unexpected results of a randomised, double-blind placebo-controlled trial. *Gut.* 2012;61(12):1693-1700.
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6. Genovese MC, Durez P, Richards HB, et al. One-year efficacy and safety results of secukinumab in patients with rheumatoid arthritis: phase II, dose-finding, double-blind, randomized, placebo-controlled study. *J Rheumatol.* 2014;41(3):414-421.
7. Genovese MC, Durez P, Richards HB, et al. Efficacy and safety of secukinumab in patients with rheumatoid arthritis: a phase II, dose-finding, double-blind, randomised, placebo controlled study. *Ann Rheum Dis.* 2013;72(6):863-869.
8. Strand V, Kosinski M, Gnanasakthy A, et al. Secukinumab treatment in rheumatoid arthritis is associated with incremental benefit in the clinical outcomes and HRQoL improvements that exceed minimally important thresholds. *Health Qual Life Outcomes.* 2014;12:31.

9. Tlustochowicz W, Rahman P, Seriole B, et al. Efficacy and safety of subcutaneous and intravenous loading dose regimens of secukinumab in patients with active rheumatoid arthritis: results from a randomized Phase II study. *J Rheumatol.* 2016;43(3):495-503.
10. Burmester GR, Durez P, Shestakova G, et al. Association of HLA-DRB1 alleles with clinical responses to the anti-interleukin-17A monoclonal antibody secukinumab in active rheumatoid arthritis. *Rheumatology (Oxford).* 2016;55(1):49-55.

**APPENDIX**

\* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; PMR – Polymyalgia rheumatic; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.