BlueCross BlueShield Federal Employee Program

COSENTYX
(secukinumab)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Cosentyx (secukinumab) is a human interleukin-17A (IL-17A) antagonist that helps regulate inflammation associated with plaque psoriasis (PsO), psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and enthesitis-related arthritis (ERA). Cosentyx binds to IL-17A and prevents it from binding to its receptor inhibiting its ability to trigger an inflammatory response (1).

Regulatory Status

FDA-approved indications: Cosentyx is a human interleukin-17A antagonist indicated for the treatment of: (1)

1. Moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy
2. Active psoriatic arthritis (PsA) in patients 2 years of age and older
3. Adults with active ankylosing spondylitis (AS)
4. Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation
5. Active enthesitis-related arthritis (ERA) in patients 4 years of age and older
6. Adults with moderate to severe hidradenitis suppurativa (HS)

Evaluate patients for tuberculosis infection prior to initiating treatment with Cosentyx. Do not administer Cosentyx to patients with active tuberculosis. Initiate treatment of latent tuberculosis prior to administering Cosentyx. Consider anti-tuberculosis therapy prior to initiation of Cosentyx in patients with a past history of latent or active tuberculosis in whom an adequate course of treatment cannot be confirmed. Patients receiving Cosentyx should be monitored closely for signs and symptoms of active tuberculosis during and after treatment (1).

Serious allergic reactions have been reported with the use of Cosentyx. Cosentyx affects the immune system, thus patients may have a greater risk of getting an infection. Caution should be exercised when considering the use of Cosentyx in patients with a chronic infection or history of recurrent infection, and in patients with active Crohn’s disease. Patients treated with Cosentyx should not receive live vaccines (1).

Cosentyx may cause inflammatory bowel disease. Caution should be exercised when prescribing Cosentyx to patients with inflammatory bowel disease, and all patients should be evaluated for signs and symptoms of inflammatory bowel disease (1).

The safety and effectiveness of Cosentyx in pediatric patients less than 6 years of age with plaque psoriasis have not been established. The safety and effectiveness of Cosentyx in pediatric patients less than 2 years of age with psoriatic arthritis have not been established. The safety and effectiveness of Cosentyx in pediatric patients less than 4 years of age with enthesitis-related arthritis have not been established. The safety and effectiveness of Cosentyx in pediatric patients less than 18 years of age with ankylosing spondylitis, non-radiographic axial spondyloarthritis, or hidradenitis suppurativa have not been established (1).

Summary

Cosentyx (secukinumab) is a human interleukin-17A (IL-17A) antagonist that helps regulate inflammation associated with plaque psoriasis (PsO), psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), enthesitis-related arthritis (ERA), and hidradenitis suppurativa (HS). Cosentyx binds to interleukin 17A (IL-17A) and prevents it from binding to its receptor inhibiting its ability to trigger an inflammatory response. Cosentyx should not be used in combination with other biological DMARDs or other tumor necrosis factor (TNF) blockers (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Cosentyx while maintaining optimal therapeutic outcomes.

References

1. Cosentyx [package insert]. New Hanover, NJ: Novartis Pharmaceutical Corp; October 2024.