Reference number(s)
6360-A

Standard Medicare Part B Management Cosentyx Intravenous (IV)

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Cosentyx	secukinumab	intravenous (IV)

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, the member has no exclusions to the prescribed therapy, and the drug or biological is usually not self-administered. The criteria outlined in this policy is only applicable to drugs not usually self-administered and are furnished incident to a physician's service. Requests for drugs on a region's self-administered drug list are not covered. Members enrolled in Medicare Part D may seek coverage under their Medicare Part D plan.

FDA-approved Indications[1]

- Adults with active psoriatic arthritis (PsA)
- Adults with active ankylosing spondylitis (AS)
- Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation

The following indications are FDA-approved but the drug approved to treat the indication is usually self-administered and thus not covered by this policy.

- Moderate to severe plaque psoriasis (PsO) in adults and pediatric patients 6 years of age and older who are candidates for systemic therapy or phototherapy
- Active enthesitis-related arthritis (ERA) in pediatric patients 4 years of age and older

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- Moderate to severe hidradenitis suppurativa (HS) in adults and pediatric patients 12 years of age and older
- Active psoriatic arthritis in pediatric patients 2 years of age and older
- Active ankylosing spondylitis in pediatric patients 12 years of age and older

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in the coverage criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

The following documentation must be available, upon request, for all submissions:

Continuation requests

Chart notes or medical record documentation supporting benefit of therapy.

Coverage Criteria

Psoriatic arthritis (PsA)[1]

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

Ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA)[1]

Authorization of 12 months may be granted for treatment of active ankylosing spondylitis and active non-radiographic axial spondyloarthritis.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

All indications

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with Cosentyx.
- Cosentyx is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy.

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Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Cosentyx.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- 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 non-radiographic axial spondyloarthritis.

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Cosentyx are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

References

1. Cosentyx [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2026.

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