



## Secukinumab, IV (Cosentyx)

### Medical Benefit Drug Policy

#### Place of Service

Office Administration

Home Health Administration

Outpatient Facility Infusion Administration

Infusion Center Administration

### Drug Details

**USP Category:** Class: IMMUNOLOGICAL AGENTS, OTHER

**Mechanism of Action:** Interleukin-17 antagonist monoclonal antibody

**HCPCS:**

- Through 3/31/2024: C9399, J3490, J3590
- Effective 4/1/2024 and after: C9166, Injection, secukinumab, intravenous, 1 mg

**NDC:** 0078-1168-61; Carton containing one 125 mg/5 mL (25 mg/mL) solution in a single-dose vial for dilution

1. All requests for secukinumab (Cosentyx) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

### References

1. AHFS®. Available by subscription at <http://www.lexi.com>
2. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Cosentyx (secukinumab) [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. 7/2023.