Secukinumab

Adjudication Guideline

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1. Abstract

1.1 For Members

Secukinumab is used for the treatment of psoriasis, ankylosing spondylitis, psoriatic arthritis, Non-Radiographic Axial Spondylarthritis, Enthesitis-Related Arthritis and Hidradenitis suppurativa.

1.2 For Medical Professionals

Secukinumab is a human IgG1 monoclonal antibody that selectively binds to the interleukin-17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune.

Mechanism of Action:
Secukinumab is a human monoclonal antibody that selectively binds to interleukin-17A (IL-17A) and inhibits its interaction with the IL-17 receptor. COSENTYX inhibits the release of pro-inflammatory cytokines, chemokines, and mediators of tissue damage and reduces IL-17A-mediated contributions to autoimmune and inflammatory diseases.

This results in:

Inhibition of IL-17A-mediated inflammatory signalling
Reduction in the production of pro-inflammatory mediators
Decreased recruitment and activation of inflammatory cells
Reduction of inflammation associated with immune-mediated diseases

Indications:

- **Plaque Psoriasis (PsO)**
  Moderate to severe plaque psoriasis in adults and pediatric patients 6 years of age and older who are candidates for systemic therapy or phototherapy.
- **Psoriatic Arthritis (PsA)**
  Active psoriatic arthritis in adults and pediatric patients 2 years of age and older.
- **Juvenile Psoriatic Arthritis (JPsA)**
  Active juvenile psoriatic arthritis in pediatric patients 2 years of age and older.
- **Ankylosing Spondylitis (AS)**
  Active ankylosing spondylitis.
- **Non-Radiographic Axial Spondyloarthritis (nr-axSpA)**
  Active non-radiographic axial spondyloarthritis with objective signs of inflammation.
- **Enthesitis-Related Arthritis (ERA)**
  Active enthesitis-related arthritis in pediatric patients 4 years of age and older.
- **Hidradenitis Suppurativa (HS)**
  Moderate to severe hidradenitis suppurativa in adults and pediatric patients 12 years of age and older.

2. Scope

This Adjudication Rule highlights the coverage and payment requirements by Daman as per policy terms and conditions for Secukinumab. It also highlights the medical criteria for coverage.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Indication	Key Criteria / Documentation	Age Requirement
Plaque Psoriasis (PsO)	**(Should met A & B)** A. Body Surface Area (BSA) of greater than 5% OR BSA less than 5% and there is involvement of the scalp, face, the palms and soles (i.e., palmoplantar disease), or genitals. B. Documentation of ONE of the following: ➢ Failure to ONE of the following, unless contraindicated or intolerant: a. Topical therapy (for example, topical corticosteroids, topical vitamin D analogs, Tazorac) b. Systemic therapy (for example, methotrexate, cyclosporine, Soriatane) c. Phototherapy ➢ Already tried a biologic or targeted synthetic DMARD for Plaque Psoriasis	≥ 6 years
Psoriatic Arthritis (PsA)	• Documentation of **ONE** of the following: ➢ For Non-axial disease, failure to ONE disease-modifying anti-rheumatic drug (DMARD), unless contraindicated or intolerant ➢ For Axial disease, failure to ONE disease-modifying anti-rheumatic drug (DMARD), OR a nonsteroidal anti-inflammatory drug (NSAID), unless contraindicated or intolerant ➢ Already tried a biologic or targeted synthetic DMARD.	≥ 2 years
Juvenile Psoriatic Arthritis (JPsA)	• Documentation of **ONE** of the following: ➢ Failure, contraindication or intolerance to ONE non-steroidal anti-inflammatory drug (NSAID) ➢ Already tried a biologic or targeted synthetic DMARD	≥ 2 years

Ankylosing Spondylitis (AS)	• Documentation of **ONE** of the following: ➢ Failure, contraindication or intolerance to ONE non-steroidal anti-inflammatory drug (NSAID) ➢ Already tried a biologic or targeted synthetic DMARD	≥ 12 years
Non-Radiographic Axial Spondyloarthritis (nr-axSpA)	Has objective signs of inflammation, defined as **ONE** of the following: ➢ C-reactive protein (CRP) elevated beyond the upper limit of normal for the reporting laboratory ➢ Sacroiliitis reported on magnetic resonance imaging (MRI)	≥ 18 years
Enthesitis-Related Arthritis (ERA)	•Failure, contraindication, or intolerance to NSAIDs and/or conventional DMARD therapy.	≥ 4 years
Hidradenitis Suppurativa (HS)	•Moderate-to-severe Hidradenitis Suppurativa confirmed by a Dermatologist. •Inadequate response to conventional systemic therapy. •International Hidradenitis Suppurativa Severity Score System (IHS4) > 3 (Moderate: 4-10; Severe: ≥11).	≥ 12 years

Dosage and administration:

Indication	Adult Subcutaneous Dosage	Adult Intravenous Dosage	Pediatric Dosage	Notes
Plaque Psoriasis (PsO)	300 mg at Weeks 0, 1, 2, 3, and 4, then every 4 weeks. 150 mg may be acceptable for some patients.	Not applicable	≥6 years: <50 kg: 75 mg at Weeks 0-4, then every 4 weeks; ≥50 kg: 150 mg at Weeks 0-4, then every 4 weeks	Pediatric dosing is weight-based.
Psoriatic Arthritis (PsA)	150 mg at Weeks 0, 1, 2, 3, and 4, then every 4 weeks; or 150 mg every 4 weeks without loading. Consider 300 mg every 4 weeks if disease remains active. For patients with active Psoriatic Arthritis (PsA) and concomitant moderate-to-severe Plaque Psoriasis (PsO), use the Plaque Psoriasis dosage regimen: 300 mg at Weeks 0, 1, 2, 3, and 4, followed by 300 mg every 4 weeks thereafter.	6 mg/kg at Week 0, then 1.75 mg/kg every 4 weeks (maximum 300 mg per infusion).	≥2 years: ≥15 kg to <50 kg: 75 mg; ≥50 kg: 150 mg at Weeks 0-4, then every 4 weeks.	IV dosing is weight-based.
Ankylosing Spondylitis (AS)	150 mg at Weeks 0, 1, 2, 3, and 4, then every 4 weeks; consider 300 mg every 4 weeks if disease remains active	6 mg/kg at Week 0, then 1.75 mg/kg every 4 weeks (maximum 300 mg per infusion)	≥12 years: <50 kg: 75 mg; ≥50 kg: 150 mg at Weeks 0-4, then every 4 weeks	IV dosing similar to PsA.
Non-Radiographic Axial Spondyloarthritis (nr-axSpA)	150 mg at Weeks 0, 1, 2, 3, and 4, then every 4 weeks; or 150 mg every 4 weeks without loading	6 mg/kg at Week 0, then 1.75 mg/kg every 4 weeks (maximum 300 mg per infusion)	Not indicated	Same adult dosing principles as AS.

Enthesitis-Related Arthritis (ERA)	Not applicable	Not applicable	≥4 years: ≥15 kg to <50 kg: 75 mg; ≥50 kg: 150 mg at Weeks 0-4, then every 4 weeks	Pediatric dosing is weight-based.
Hidradenitis Suppurativa (HS)	300 mg at Weeks 0, 1, 2, 3, and 4, then every 4 weeks. May increase to 300 mg every 2 weeks if response is inadequate.	Not applicable	≥12 years: 30 to <90 kg: 150 mg at Weeks 0-4, then every 4 weeks; ≥90 kg: 300 mg at Weeks 0-4, then every 4 weeks. May increase to every 2 weeks if needed.	Pediatric dosing is weight-based; escalation permitted for inadequate response.

Re-assessment and Continuation Criteria:

A) Re-assessment of Therapy Effectiveness

- A reassessment of treatment effectiveness should be conducted after 6 months of therapy initiation to determine the appropriateness of ongoing treatment.

B) Continuation Criteria Continuation of Secukinumab therapy should only proceed if the patient demonstrates meaningful clinical benefit, which may include one or more of the following:

- Improvement or stabilization of disease activity and symptoms.
- Reduction in disease severity, flare frequency, or objective signs of inflammation, where applicable.
- Improvement in physical function, mobility, or quality of life.
- Achievement or maintenance of treatment goals as documented by the treating specialist.

Red Flags:

• Indication not approved in the FDA labeling.
• Patient age is below the FDA-approved age for the requested indication.
• Requested dose, dosing frequency, or route of administration exceeds FDA-approved recommendations for the requested indication.
• Failure to meet the FDA-labeled eligibility requirements for the requested indication.
• The prescribing clinician is outside the relevant specialty scope of practice for the requested indication.

Immunizations: Prior to initiating therapy with secukinumab, consider completion of all age-appropriate immunizations according to current immunization guidelines. Secukinumab may alter a patient`s immune response to live vaccines. Avoid use of live vaccines in patients treated with secukinumab.
Patients treated with secukinumab may receive non-live vaccinations. The clinical effectiveness of meningococcal and influenza vaccines has not been assessed in patients undergoing treatment with secukinumab.

Prior to Treatment: Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with secukinumab. Avoid administration of secukinumab to patients with active TB infection. Initiate treatment of latent TB prior to administering secukinumab. Consider anti-TB therapy prior to initiation of secukinumab in patients with a history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Monitor patients closely for signs and symptoms of active TB during and after treatment.

3.2 Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, an indication and the need for testing will result in the rejection of the claim.

Eligible clinical specialities:

Diagnosis	Eligible Clinician Specialty
Plaque Psoriasis (PsO)	Dermatologist
Psoriatic Arthritis (PsA)	Rheumatologist/ Dermatologist
Ankylosing Spondylitis (AS)	Rheumatologist
Non-Radiographic Axial Spondyloarthritis (nr-axSpA)	Rheumatologist
Enthesitis-Related Arthritis (ERA)	Rheumatologist
Hidradenitis Suppurativa (HS)	Dermatologist

Questionnaire link:
https://www.damaninsurance.ae/wp-content/uploads/2026/10/Biological-Therapy-Pre-requisite-Form.pdf

3.3 Non-Coverage

- Secukinumab is not covered when the above criteria are not met.
- Coverage as per member SOB

3.4 Payment and Coding Rules

- Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

DOH denial codes with description are elaborated for reference. These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers

Code	Code Description

MNEC003	Diagnoses are not covered
MNEC004	Service is not clinically indicated based on good clinical practice
CODE-010	Activity/diagnosis inconsistent with clinician's specialty
CLN-001	Activity/diagnosis inconsistent with clinician's specialty
NCOV-003	Service(s) is (are) not covered
Auth-001	Prior approval is required and was not obtained

5. Appendices

5.1 References

- https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218276s004lbl.pdf
- https://www.ema.europa.eu/en/medicines/human/EPAR/cosentyx
- https://www.pharmacytimes.com/view/fda-approves-cosentyx-for-new-indications
- https://www.novartis.com/news/media-releases/novartis-cosentyx-gains-positive-chmp-opinion-hidradenitissuppurativa#:~:text=Basel%2C%20April%2026%2C%202023%20%E2%80%94,moderate%20to%20severe%20hidradenitis%20suppurativa
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125504Orig1s080,%20761349Orig1s005lbl.pdf
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/125504s098lbl.pdf
- https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2026/125504Orig1s098;761349s012ltr.pdf
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/125504s098lbl.pdf
- https://www.ema.europa.eu/en/documents/product-information/cosentyx-epar-product-information_en.pdf
- https://www.ema.europa.eu/en/medicines/human/EPAR/cosentyx

5.2 Revision History

Date	Version No.	Change(s)
25/07/2023	V1.0	Release of V1.0
31/10/2024	V2.0	Added hidradenitis suppurativa (HS) diagnosis and Dose of administration
30/10/2025	V3.0	Guideline review/ No changes-New references added
2/10/2026	V4.0	Updated indications, age requirements, and dosing recommendations in accordance with the latest FDA labeling. Added pediatric indications for Ankylosing Spondylitis (≥12 years) and Hidradenitis Suppurativa (≥12 years). Added intravenous dosing information, initiation and continuation criteria, specialist eligibility requirements, quantity limit guidance, updated safety warnings and precautions, and revised FDA/EMA references.

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