Oregon Prescription Drug
Affordability Board

Email: pdab@dcbs.oregon.gov Phone: 971-374-3724 Website: dfr.oregon.gov/pdab

Cosentyx®
(*secukinumab*)[1]

Version 2.0

[1] Image source: https://kuludonline.com/products/cosentyx-150-mg-ml-solution-for-injection-in-prefilled-pen-2-pens

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Document version history

Version	Date	Description
v1.0	8/13/2025	Original Release
v1.5	9/24/2025	Updated table numbers and references
v2.0	10/27/2025	30 day supply data added. 75th and 95th percentile data for cost per enrollee, and out of pocket costs added. Formatting changes.

Review summary

Therapeutic alternatives[2,3,4]

Cosentyx® (*secukinumab*) has the following therapeutic alternatives: **Ilumya, Siliq, Skyrizi,** and **Stelara**.

Proprietary name	Non-proprietary name	Manufacturer	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Cosentyx[5]	*secukinumab*	Novartis Pharmaceuticals Corp.				No
Ilumya[6]	*tildrakizumab*	Sun Pharmaceutical Industries Limited				No
Siliq[7]	*brodalumab*	Bausch Health Ireland, Limited				No
Skyrizi[8]	*risankizumab-rzaa*	AbbVie, Inc.				No
Stelara[9]	*ustekinumab*	Janssen Biotech, Inc.	12	2023-2039		Yes

[2] Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations
[3] Definitions of patents and exclusivity based on the U.S. Food & Drug Administration. https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What_is_the_difference_between_patents_a
[4] https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices
[5] No patent or exclusivity information was listed for Cosentyx in the U.S. Food & Drug Administration Purple Book Database
[6] No patent or exclusivity information was listed for Ilumya in the U.S. Food & Drug Administration Purple Book Database
[7] No patent or exclusivity information was listed for Siliq in the U.S. Food & Drug Administration Purple Book Database
[8] No patent or exclusivity information was listed for Skyrizi in the U.S. Food & Drug Administration Purple Book Database
[9] No exclusivity information was listed for Stelara in the U.S. Food & Drug Administration Purple Book Database

Proprietary name	Non-proprietary name	Manufacturer	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Taltz[10]	*ixekizumab*	Eli Lilly and Company				No
Tremfya[11]	*guselkumab*	Janssen Biotech, Inc.				No

Price history[12,13]

Cosentyx rose at an **average annual rate of 6.7 percent** from 2018-2024.

- In the same time period, its therapeutic alternatives rose at these rates:
  - Ilumya: **-1.3** percent
  - Siliq: **7.0** percent
  - Skyrizi: **7.3** percent
  - Stelara: **5.2** percent
  - Taltz: **5.0** percent
  - Tremfya: **5.0** percent

Additionally, the average annual rate of Cosentyx **exceeded inflation in 2019, 2020, 2021, 2023, and 2024**.

Price concessions [14]

Based on data received from healthcare carriers, Cosentyx in 2023 had the **gross spend of $6,032 per claim**, while the **spend net of discount was $3,462 per claim**. Price concession per claim were reported to be **$2,569**.

[10] No patent or exclusivity information was listed for Taltz in the U.S. Food & Drug Administration Purple Book Database

[11] No patent or exclusivity information was listed for Tremfya in the U.S. Food & Drug Administration Purple Book Database

[12] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.

[13] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

[14] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers. Cost information from the data call is the cost of the drug after price concessions.

Cost to the payer[15]

Table 1 2023 APAC gross annual payer total expenditure, utilization, and cost per enrollee

Proprietary name	Total expenditure	Utilization	Cost per enrollee	Cost per enrollee, median
Cosentyx	$74,284,016	11,830	$53,751	$6,520
Ilumya	$1,181,860	79	$73,866	$17,648
Siliq	$754,850	139	$44,403	$4,656
Skyrizi	$102,839,237	6,176	$62,440	$18,353
Stelara	$195,809,214	9,536	$113,909	$24,379
Taltz	$6,210,391	767	$36,318	$9,516
Tremfya	$24,941,463	2,337	$48,524	$12,114

Cost to enrollees[16]

Table 2 2023 APAC gross annual enrollee out-of-pocket (OOP) cost

Proprietary name	OOP cost per enrollee	OOP cost per enrollee median	OOP cost per claim	OOP cost per claim median
Cosentyx	$2,422	$15	$293	$5
Ilumya	$2,600	$0	$796	$0
Siliq	$3,168	$0	$389	$0
Skyrizi	$4,011	$125	$1,093	$99
Stelara	$4,235	$15	$797	$5
Taltz	$3,302	$40	$800	$0
Tremfya	$3,065	$35	$677	$27

[15] Based on Oregon's 2023 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.
[16] Ibid

Rubric considerations

Domain	Consideration
Utilization	11,830
Price evaluation	Avg percent change in WAC >5% for five years, outpaced inflation for four years
Price concessions	25-50% of claims discounted
System & payer costs	Total gross spend >$50M, total net spend >$10M
Enrollee burden	Total APAC OOP >$1,200
Equity impact	Yes
Access restrictions	Yes
Therapeutic alternative fail to reduce system spending	Yes
Stakeholder input identify access or financial hardship?	Yes
Patent expirations more than 18 months from time of review?	Yes
Excluded from CMS Maximum Fair Price List (MFP)	Yes

Review background

This review incorporates supporting information from Medi-Span, FDA databases (e.g., Orange Book, Purple Book), and other publicly available data where applicable.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) database and the commercial carrier data call. APAC aggregates utilization data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total utilization and cost figures due to broader reporting, while the data call offers insight into actual expenditures from private payers in the commercial market.

This review addresses the affordability review criteria to the extent practicable. Due to limitations in scope and resources, some criteria receive minimal or no consideration.

In accordance with OAR 925-200-0020, PDAB conducts affordability reviews on prioritized prescription drugs selected under OAR 925-200-0010. The 2023 drug affordability review selection included the following criteria: orphan-designated drugs were removed; drugs were

reviewed based on payer-paid cost data from the data call submissions; and drugs reported to the APAC program across Medicare, Medicaid, and commercial lines of business were included. To ensure broader public impact, drugs with fewer than 1,000 enrollees reported in APAC reports were excluded from consideration.

Senate Bill 844 (2021) created the Prescription Drug Affordability Board (PDAB) to evaluate the cost of prescription drugs and protect residents of this state, state and local governments, commercial health plans, health care providers, pharmacies licensed in Oregon and other stakeholders within the health care system from the high costs of prescription drugs.

Drug information[17]

Drug proprietary name(s)	«M_01_Drug_Name»z®
Active ingredient	*secukinumab*
Manufacturer	Novartis Pharmaceuticals Corporation
Treatment: Cosentyx is a human interleukin-17A antagonist indicated for:	
	• moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy.
	• active psoriatic arthritis (PsA) in patients 2 years of age and older. adults with active ankylosing spondylitis (AS).
	• adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.
	• active enthesitis-related arthritis (ERA) in pediatric patients 4 years of age and older.
	• adults with moderate to severe hidradenitis suppurativa (HS)
Dosage/Strength:	
• **Injection:**	• 300 mg/2 mL solution in a single-dose UnoReady® pen and in a single-dose prefilled syringe.
	• 150 mg/mL solution in a single-dose Sensoready® pen and in a single-dose prefilled syringe.
	• 75 mg/0.5 mL solution in a single-dose prefilled syringe (for pediatric patients).
• **Infusion:**	• 125 mg/5 mL solution in a single-dose vial.

[17] U.S. Food & Drug Administration. Cosentyx (*secukinumab*) Prescribing Information. Teva Pharms., Action yr 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125504s000lbl.pdf.

Route:	Subcutaneous Injection, Intravenous Infusion

FDA approval

«M_01_Drug_Name» was first approved by the FDA on Jan. 21, 2025.[18]

The drug qualified for the following expedited forms of approval: Standard

At time of review, the drug had no approved designations under the Orphan Drug Act.

Health inequities

ORS 646A.694(1)(a) and OAR 925-200-0020 (1)(a) & (2)(a)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source through APAC.

Racial and ethnic minority patients are less likely to receive advanced biologic therapies such as Cosentyx (secukinumab). Studies have shown that minority patients, including Black, Hispanic, and Asian individuals, are more often treated with older systemic medications like methotrexate or corticosteroids, which have less favorable efficacy and side effect profiles.[19] This pattern is due to systemic barriers, provider bias, and lower awareness of familiarity with newer treatment options within these communities.[20] Additionally, culturally appropriate education and decision-making in clinical settings can further limit access to secukinumab.[21]

Insurance and financial barriers also pay a critical role. High out-of-pocket costs, restrictive formularies, and prior authorization requirements are common obstacles for Medicaid and Medicare enrollees.[22] Because racial and ethnic minorities are overrepresented in public insurance programs and lower-income populations, these administrative burdens disproportionately hinder access to high-cost specialty medication.[23]

Psoriasis often presents differently on darker skin tones and these differences are frequently inadequately captured in medical training and research literature which can further limit

[18] FDA approval date based on the earliest occurring approval dates in the FDA Orange/Purple Book. For drugs with multiple forms/applications, the earliest approval date across all related FDA applications was used.
[19] Hash MG, et al. (2025). Racial Disparities in Psoriasis Treatment: A Review of Prescription Patterns and Outcomes Across White and Skin of Color Populations. Dermis. 5(1):28. https://www.jdermis.com/full-text/racial-disparities-in-psoriasis-treatment-a-review-of-prescription-patterns-and-outcomes-across-white-and-skin-of-color-populations.
[20] Takeshita, J., Eriksen, et al. (2019). Racial Differences in Perceptions of Psoriasis Therapies: Implications for Racial Disparities in Psoriasis Treatment. *The Journal of investigative dermatology*, *139*(8), 1672–1679.e1. https://doi.org/10.1016/j.jid.2018.12.03.
[21] Desai RM, McCune M, Olsen R, Tong L, Davis MS. An analysis of racial disparities in systemic treatments for psoriasis and their pharmacologic consequences. Arch Clin Toxicol. 2025;7(1):71-76.
[22] Wan V, et al. "Disparities and barriers to the access of biologics in moderate-to-severe adult psoriasis." International Journal of Dermatology. 2024 Oct;63(10):1293-1301. doi: 10.1111/ijd.17236. Epub 2024 Jun 6. PMID: 38845122.
[23] Ibid.

equitable treatment.[24] Additionally, geographic barriers, such as limited access to dermatologist or biologic prescribing clinics can further perpetuate disparities. Rural areas, safety-net clinics, and publicly funded health systems may lack the infrastructure or provider familiarity required to support biologics therapy monitoring.[25] Access to specialty drug programs have been implemented successfully in urban settings, but access models are not as broadly available to the communities that would benefit most.[26]

Residents prescribed

ORS 646A.694(1)(b) and OAR 925-200-0020(1)(b) & (2)(b). Data source from APAC.

Based on APAC claims, **11,830** Oregonians filled a prescription for Cosentyx in 2023.[27]

Price for the drug

ORS 646A.694(1)(c) and OAR 925-200-0020(1)(c) & (2)(e), (f), & (g). Data source from Medi-Span, APAC, and carrier data call.

This section examines the pricing dynamics of Cosentyx, drawing on multiple data sources to characterize its historical cost trends and implications for affordability. It includes an analysis of the drug's wholesale acquisition cost (WAC) and the Oregon Actual Average Acquisition Cost (AAAC), compared to its therapeutic alternatives. Together, the data provides a comprehensive view of Cosentyx's list price trajectory and pharmacy acquisition costs, and the degree to which the list price impacts costs.

Price history

WAC per 30-day supply summary was calculated with unit WAC from Medi-Span and was reviewed as an indication of historic price trends for the drug. However, WAC does not account for discounts, rebates, or other changes to the drug's cost throughout the supply chain.

Table 3 30-day supply for review drug and its therapeutic alternatives

	Cosentyx	Ilumya	Siliq	Skyrizi	Stelara	Taltz	Tremfya
30-day supply	1 unit (1 ml)	0.3 unit (0.3 ml)	3 units (3 ml)	0.3 unit (0.3 ml)	0.5 unit (0.5 ml)	1 unit (1 ml)	0.5 unit (0.5 ml)

[24] Gkini, M.-A., et al. (2025). "Psoriasis in People With Skin of Color: An Evidence-Based Update." International Journal of Dermatology, 64(4), 667–677. https://doi-org.slo.idm.oclc.org/10.1111/ijd.17651.
[25] Patel, A.A., Ferrante, S.A., Lin, I. *et al.* Racial and Ethnic Disparities in Treatment Initiation Among Patients with Newly Diagnosed Psoriatic Arthritis: A Retrospective Medicaid Claims Database Study. Rheumatol Ther 10, 1241–1253 (2023). https://doi.org/10.1007/s40744-023-00580-y.
[26] Patel, A.A., Ferrante, S.A., Lin, I. *et al.* Racial and Ethnic Disparities in Treatment Initiation Among Patients with Newly Diagnosed Psoriatic Arthritis: A Retrospective Medicaid Claims Database Study. Rheumatol Ther 10, 1241–1253 (2023). https://doi.org/10.1007/s40744-023-00580-y.
[27] Number of 2023 enrollees in APAC database across commercial insurers, Medicaid, and Medicare. For more information regarding APAC data visit Oregon Health Authority All Payer All Claims Reporting Program: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

Table 4 Drug vs therapeutic alternatives and 2018-2024 WAC per 30-day supply[28]

	Cosentyx	Ilumya	Siliq	Skyrizi	Stelara	Taltz	Tremfya
2018	$3,534	$4,419	$3,500		$10,292	$5,162	
2019	$3,884	$4,638	$3,500		$11,002	$5,368	$5,430
2020	$4,156	$4,870	$3,710		$11,541	$5,690	$5,696
2021	$4,447	$5,162	$3,933	$5,671	$12,095	$5,974	$5,969
2022	$4,853	$5,162	$4,322	$6,091	$12,749	$6,273	$6,292
2023	$4,846	$5,472	$4,750	$6,578	$13,259	$6,586	$6,606
2024	$5,186	$5,746	$5,220	$7,006	$13,921	$6,916	$6,936
Avg. Annual % Change	6.7%	4.5%	7.0%	7.3%	5.2%	5.0%	5.0%
% change 2018 between 2024	46.7%	30.0%	49.1%		35.3%	34.0%	

The WAC of Cosentyx, averaged across five NDCs , was approximately **$5,186 per unit** at the end of 2024.[29] Between 2018-2024, the unit WAC increased at an average annual rate of **6.7 percent**, exceeding the general consumer price index (CPI-U) inflation rate in 2018-2019, 2019-2020, 2020-2021, and 2023-2024.[30]

[28] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[29] Ibid
[30] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

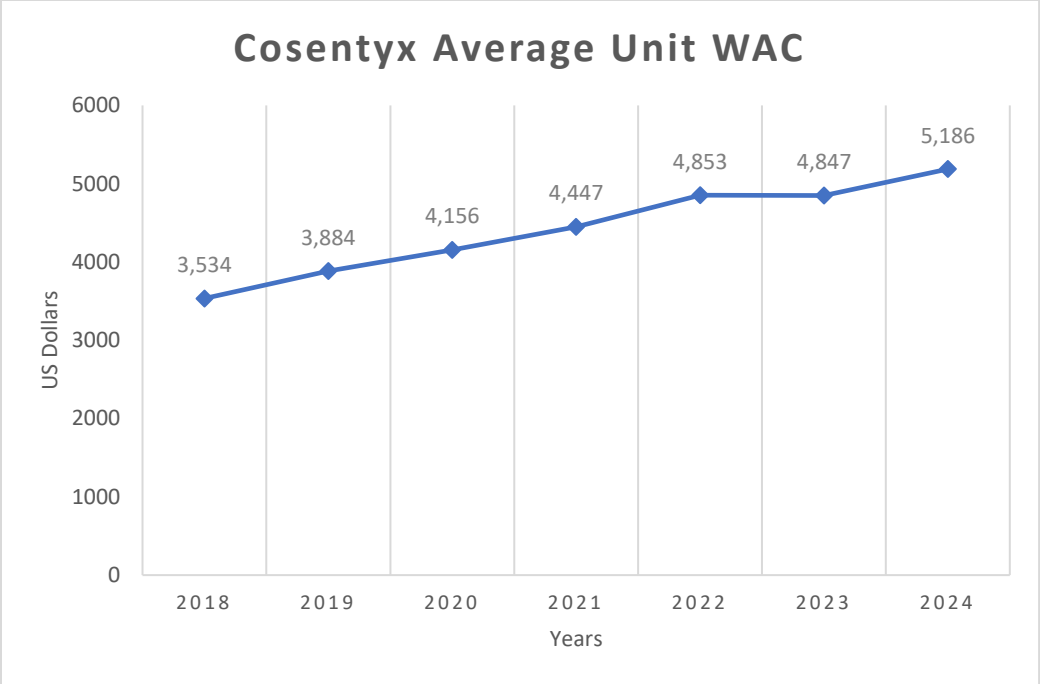

Figure 1 Cosentyx average unit WAC from 2018-2024

Table 5 Percent change of WAC of drug and therapeutic alternatives with CPI comparison[31]

Year	Cosentyx	Ilumya	Siliq	Skyrizi	Stelara	Taltz	Tremfya	CPI-U
2018-2019	9.9%	5.0%	0.0%		6.9%	4.0%		1.7%
2019-2020	7.0%	5.0%	6.0%		4.9%	6.0%	4.9%	0.7%
2020-2021	9.1%	6.0%	6.0%		4.8%	5.0%	4.8%	5.3%
2021-2022	9.1%	0.0%	9.9%	7.4%	5.4%	5.0%	5.4%	9.0%
2022-2023	-0.1%	6.0%	9.9%	8.0%	4.0%	5.0%	5.0%	3.1%
2023-2024	6.7%	5.0%	9.9%	6.5%	5.0%	5.0%	5.0%	3.0%

[31] Percentages might differ from Table 4 as Table 5 percentages are based on unit WAC only.

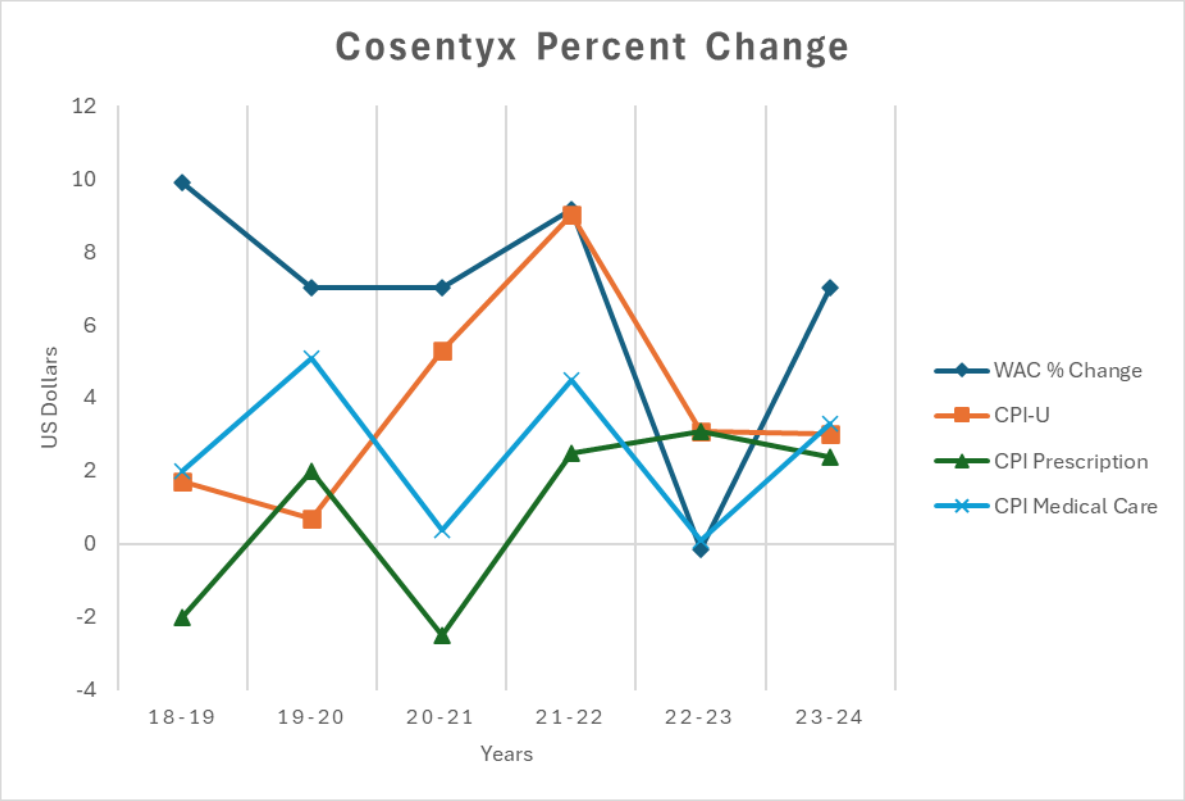

Figure 2 Year over year change in WAC compared to inflation rates[32]

Estimated average monetary price concession

ORS 646A.694(1)(d) and OAR 925-200-0020(1)(d) & (2)(d) & (2)(L)(A-B). Data source information provided from data call.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to Cosentyx claims in the commercial market. Drawing on data submitted through the 2023 carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Based on carrier-submitted data for 2023, the **average gross cost of Cosentyx per enrollee in the commercial market was approximately $39,882**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net cost per enrollee declined to approximately $22,894**, reflecting an **estimated mean discount of 42.6 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Cosentyx before concessions was $36,093,372**, with total reported **price concessions amounting to**

[32] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

approximately $15,374,304, as detailed in Table 6. Notably, **54.8 percent of claims benefited from some form of price concession,** leaving **45.2 percent at full gross cost**.

Table 6 Net cost estimate based on carrier submitted 2023 data

Total number of enrollees	905
Total number of claims	5,984
Total number of claims with price concessions applied	3,280
Percentage of claims with price concessions applied	54.8%
Percentage of cost remaining after concessions	57.4%
Percentage of discount	42.6%
Manufacturer price concessions for all market types	$12,997,231
PBM price concessions for all market types	$1,104,178
Other price reductions for all market types	$1,272,895
Cost before price concessions across all market types	$36,093,372
Total price concessions across all market types	$15,374,304
Cost of after price concessions across all market types	$20,719,068
Avg. payer spend per enrollee without price concessions	$39,882
Avg. payer spend per enrollee with price concessions	$22,894

Including all market segments, the **gross spend of Cosentyx per claim for commercial carriers was $6,032** before any discounts, rebates, or other price concessions. The net cost per enrollee discounts, rebates, and other price concessions was **$3,462**, meaning that insurers reported a price concession of **$2,569** per claim on the initial drug cost as shown in Table 7.

Table 7 The average price concessions across market types from data call[33]

	Average	Individual market	Large market	Small market
Spend per claim, gross	$6,032	$6,477	$5,797	$6,681
Spend per claim, net	$3,462	$3,015	$3,701	$2,798
Price concession per claim	$2,569	$3,463	$2,096	$3,882

Figure 3 shows manufacturer concessions comprised the largest share, supplemented by PBM discounted price arrangements and other adjustments across the payer types.

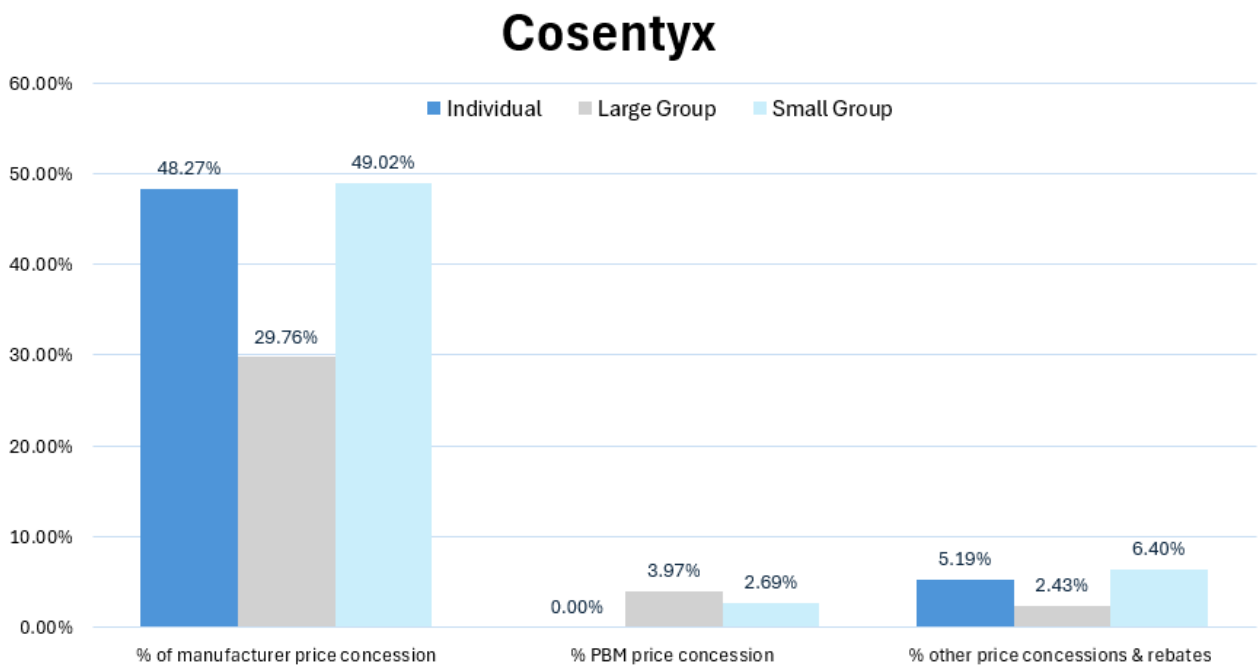

Figure 3 Percent of price concession in each market type[34,35]

[33] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

[34] Price concession refers to any form of discount, directed or indirect subsidy, or rebate received by the carriers or its intermediary contracting organization from any source that serves to decrease the costs incurred under the health plan by the carriers. Examples of price concessions include but are not limited to: Discounts, chargebacks, rebates, cash discounts, free goods contingent on purchase agreement, coupons, free or reduced-price services, and goods in kind. Definition adapted from Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 423, Subpart C. See more at: CFR-2024-title42-vol3-sec423-100.pdf.

[35] Rebate refers to a discount that occurs after drugs are purchased from a pharmaceutical manufacturer and involves the manufacturer returning some of the purchase price of the purchaser. When drugs are purchased by a managed care organization, a rebate is based on volume, market share, and other factors. Academy of Managed Care Pharmacy. https://www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary.

Estimated total amount of the price concession

ORS 646A.694(1)(e) and OAR 925-200-0020(1)(e) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source carrier data call.

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Cosentyx to each pharmacy benefit managers, expressed as a percentage of the drug's price. At the time of this review, there was no specific data available to PDAB to determine the total amount of such price concessions in the Oregon market.

The statutory and regulatory criteria call for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate this data as it becomes available through improved reporting or additional disclosures from manufacturers, PBMs, and payers.

Estimated price for therapeutic alternatives[36]

ORS 646A.694(1)(f) and OAR 925-200-0020(1)(f), (2)(c) & (2)(m). Data source information provided from APAC.

This section presents information on the estimated spending associated with Cosentyx and its therapeutic alternatives using data from APAC and data call collection for 2023 information. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon, while the data call includes net spending submitted by 11 commercial health insurers. All therapeutic alternatives are represented using APAC data, which does not reflect price concessions or rebates.

Cosentyx's total gross payer paid, based on APAC data, was $74.3 million, while **total net payer paid received from the carriers indicated a cost of $32.7 million**. Two of its therapeutic alternatives, **Skyrizi and Stelara, had a higher gross payer paid amount than Cosentyx, at $102.8 million and $195.8 million respectively**, despite Cosentyx having the highest utilization of the group. The drug with the lowest gross total payer paid expenditure was Siliq with $753,850. **Cosentyx had $6,279 payer paid per claim**, which is the second lowest when compared to its therapeutic alternatives.

Skyrizi and Stelara continue to top the group with total enrollee paid cost, at $6.2 million and $6.5 million. **Cosentyx follows behind them, with $2.7 million in total enrollees paid**. However, considering the high utilization of Cosentyx**, the drug has the lowest patient paid per claim among the group.**

[36] Therapeutic alternative to mean a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendia-recognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose. OAR-925-200-0020(2)(c).

Neither the drug nor the therapeutic alternatives were reported by the FDA for drug shortage, thus availability is assumed to be unaffected.

Table 8 Average healthcare and average patient OOP costs vs therapeutic alternatives[37]

Proprietary name	No. of enrollees [38]	No. of claims	Total payer paid	Total enrollees paid[39]	Payer paid/ claim	Patient paid/ claim[40]
Subject Drug **Cosentyx (data call)**[41]	905	5,984	$32,652,235	$2,346,683	$5,457	$392
Subject Drug **Cosentyx (APAC)**	1,382	11,830	$74,284,016	$2,712,109	$6,279	$293
Illumya	16	79	$1,181,860	$39,002	$14,960	$796
Siliq	17	139	$754,850	$44,354	$5,431	$389
Skyrizi	1,647	6,176	$102,839,237	$6,204,274	$16,651	$1,093
Stelara	1,719	9,536	$195,809,214	$6,467,256	$20,534	$797
Taltz	171	767	$6,210,391	$525,064	$8,097	$800
Tremfya	514	2,337	$24,941,463	$1,406,683	$10,672	$677

Estimated average price concession for therapeutic alternatives

ORS 646A.694(1)(g) and OAR 925-200-0020(1)(g) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the estimated average of discounts, rebates, or other price concessions associated with therapeutic alternatives to Cosentyx, as compared to the subject drug itself. At the time of this review, there was no quantifiable data available to PDAB to assess the average price concessions for the identified therapeutic alternatives in the Oregon market.

The statutory and regulatory criteria call for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was

[37] The therapeutic alternative information is based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[38] The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business indicating, meaning that an enrollee can be counted for each claim line of business. As a result, this leads to the elevated enrollment numbers presented in Table 2, as compared to other totals indicated in this report.
[39] The cost includes all lines of business.
[40] Ibid.
[41] Information from the data call with the cost information after price concessions.

not performed. Future reviews may incorporate this information as additional data become available through carrier reporting, manufacturer disclosures, or other sources.

Estimated costs to health insurance plans

ORS 646A.694(1)(h) and OAR 925-200-0020(1)(h) & (2)(h) & (m). Data source information provided from APAC and data call.

This section quantifies the financial impact of Cosentyx on health insurance plans in Oregon, based on claims and expenditure data from APAC and the carrier data call. Costs are delineated by payer type—including commercial, Medicaid, and Medicare—as well as by market segment within the commercial population. These estimates highlight the distribution of expenditures across different health coverage lines and inform assessments of the drug's budgetary implications for public and private payers.

In 2023, the Oregon APAC database recorded **11,830 total claims for Cosentyx among 1,382 total enrollees**, corresponding to a **total payer expenditure of $74.3 million**.

Table 9 provides gross cost estimates by the total APAC payer spend across all lines of business:

- **Commercial** accounted for the largest share of utilization, with 6,862 claims from 849 enrollees and a total spend of **$38.9 million**.
- **Medicaid** and **Medicare** payers reported smaller but notable expenditures of approximately **$17.9 million** and **$17.5 million**, respectively.

Table 9 Estimated 2023 APAC total annual gross payers' expenditure for total enrollees and total claims[42]

Payer line of business	Total enrollees	Total claims	Total payer paid	Average cost amount per enrollee	Average cost amount per claim
Commercial	849	6,862	$38,903,515	$45,823	$5,669
Medicaid	338	2,571	$17,871,007	$52,873	$6,951
Medicare	295	2,397	$17,509,493	$59,354	$7,305
Totals[43]	**1,382**	**11,830**	**$74,284,016**	**$158,050.00**	

Table 10 provides utilization for the healthcare system for Cosentyx and its therapeutic alternatives, distinguished by lines of business. **Cosentyx has the most utilization** among the

[42] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

[43] The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.

drugs, with **11,840 claims**. In all lines of business, Cosentyx is the most utilized. **Stelara is the second most utilized at 9,536 claims**.

Table 10 Estimated APAC payer 2023 utilization of review drug and its therapeutic alternatives [44]

Proprietary name	Commercial utilization	Medicaid utilization	Medicare utilization	Total claims[45]
Cosentyx	6,862	2,571	2,397	11,830
Ilumya	37	30	12	79
Siliq	57	25	57	139
Skyrizi	3,912	499	1,765	6,176
Stelara	5,791	1,419	2,326	9,536
Taltz	418	111	238	767
Tremfya	1,596	260	481	2,337

Table 11 shows the overall payer expenditure of Cosentyx and its therapeutic alternatives, distinguished by lines of business. Cosentyx has a **total expenditure of $74.3 million** with **commercial being the biggest portion at $38.9 million**. Two therapeutic alternatives had greater total expenditure than Cosentyx, with **Skyrizi at $102.8 million and Stelara at $195.8 million.**

Table 11 Estimated APAC payer 2023 annual gross expenditure of the review drug and its therapeutic alternatives from all lines of business [46]

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[47]
Cosentyx	$38,903,515	$17,871,007	$17,509,493	$74,284,016
Ilumya	$440,240	$529,024	$212,596	$1,181,860
Siliq	$204,237	$118,319	$432,293	$754,850
Skyrizi	$63,057,039	$8,948,218	$30,833,980	$102,839,237
Stelara	$113,193,622	$30,728,479	$51,887,113	$195,809,214
Taltz	$2,982,811	$1,054,618	$2,172,962	$6,210,391

[44] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[45] Total is the sum of all expenditure for the drug across all lines of business.
[46] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[47] Total is the sum of all expenditure for the drug across all lines of business.

Tremfya	$16,540,440	$2,830,035	$5,570,988	$24,941,463

Table 12 compares the overall payer cost per enrollee of Cosentyx and its therapeutic alternatives, distinguished by lines of business. **Stelara has the highest total cost per enrollee at $113,909**. Cosentyx has comparable cost per enrollee as compared to its therapeutic alternatives in all lines of business; the total **cost per enrollee for Cosentyx is $53,751**, which makes it the fourth most expensive out of seven drugs compared. **The median cost per enrollee for Cosentyx is $6,520**, which is only more than the median cost per enrollee for Siliq.

Table 12 Estimated 2023 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives [48]

Proprietary name	Commercial cost/ enrollee	Medicaid cost/ enrollee	Medicare cost/ enrollee	Total[49] cost per enrollee	Cost per enrollee, median	IQR	Cost per enrollee, 75th percentile	Cost per enrollee, 95th percentile
Cosentyx	$45,823	$52,873	$59,354	$53,751	$6,520	$2,585	$6,917	$24,595
Ilumya	$40,022	$52,902	$53,149	$73,866	$17,648	$2,392	$17,730	$21,631
Siliq	$34,040	$39,440	$54,037	$44,403	$4,656	$1,870	$5,082	$14,306
Skyrizi	$60,112	$64,842	$60,459	$62,440	$18,353	$4,100	$19,516	$21,314
Stelara	$104,615	$104,875	$110,164	$113,909	$24,379	$13,272	$25,727	$28,364
Taltz	$33,515	$47,937	$31,042	$36,318	$9,516	$7,870	$13,531	$19,782
Tremfya	$48,506	$42,879	$46,815	$48,524	$12,114	$3,044	$12,842	$14,071

Data submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost to the healthcare system was around $35.0 million**, **with payer paying $32.7 million**, and **enrollees out -of-pocket estimating to be $2.3 million**. Table 13 includes the average plan costs per enrollee in the commercial market ranged from **$36,353 (large group)** to **$45,613 (individual)** annually.

[48] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[49] The total is the overall cost per enrollee across commercial insurers, Medicaid, and Medicare.

Table 13.a Estimated 2023 total net costs to the healthcare system, payers and OOP/enrollee[50]

Market	Number of claims	Number of enrollees	Total annual spending	Payer paid	Enrollee out-of- pocket cost
Individual	1,002	142	$6,477,039	$5,506,330	$970,709
Large group	4,163	639	$23,229,479	$22,317,982	$911,497
Small group	819	124	$5,292,401	$4,827,924	$464,477
Total	**5,984**	**905**	**$34,998,919**	**$32,652,235**	**$2,346,683**

Table 13.b Estimated 2023 total net costs to the healthcare system, payers and OOP/enrollee

Market	Avg. plans spend/ claim	Avg. payer paid/ claim	Avg. enrollee paid/ claim	Avg. plans spend/ enrollee	Avg. payer paid/ enrollee	Avg. OOP/ enrollee
Individual	$6,464	$5,495	$969	$45,613	$38,777	$6,836
Large group	$5,580	$5,361	$219	$36,353	$34,926	$1,426
Small group	$6,462	$5,895	$567	$42,681	$38,935	$3,746

As shown in Figure 4, the **large group market segment** represented the majority of commercial spending (66% of total), followed by individual and small group markets.

[50] Cost information from the data call is the cost of the drug after price concessions.

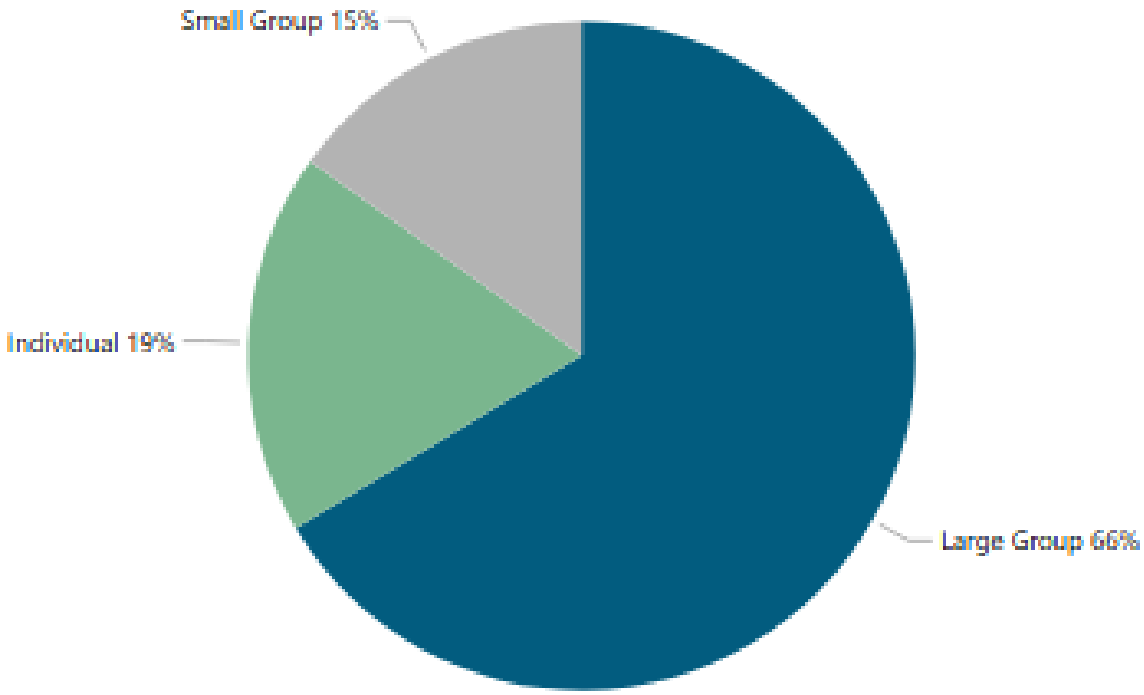

Figure 4 Data call percent of total annual spend (payer paid) for each market type

Table 14 indicates CCOs reported Cosentyx as having an annual greatest increase from 2022-2023 (rebates not included) with a **$1,726,378 year-over-year increased cost growth**.

Table 14 Medicaid CCOs greatest increase in share to total cost from 2022-2023 (rebates not included)[51]

Medicaid CCOs			
2022	**2023**	**YoY change in spending**	**Percent of total CCO cost 2023**
$10,807,478	$12,533,856	$1,726,378	0.1%

[51] CCO pharmacy spend provided by: Oregon State University Drug Use and Research Management DUR utilization reports 2023. College of Pharmacy, Oregon State University. https://pharmacy.oregonstate.edu/research/pharmacy-practice/drug-use-research-management/dur-reports.

Impact on enrollee access to the drug

ORS 646A.694(1)(i) and OAR 925-200-0020(1)(i). Data source information provided from carrier data call.

Review of rejected claims and drug benefit designs

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Cosentyx, including prior authorization requirements, step therapy protocols, and formulary placement. The data describes how the drug is positioned within insurance benefit designs and the extent to which utilization management processes were applied during the reporting period.

Based on information reported through the carrier data call, the following plan design features were observed for Cosentyx. In 2023, approximately **100 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **0.4 percent of plans required step therapy** before approving its use.

For formulary placement, **1.4 percent of plans categorized Cosentyx as a non-preferred drug** and **0.7 percent of plans excluded it entirely from the formulary**.

Table 15 Plan design analysis from 2023

Percentage of plans	
Required prior authorization	100%
Required step therapy	0.4%
On a non-preferred formulary	1.4%
Not covered	0.7%

Note: percentages can equal over 100 percent as some carrier and market combos may have multiple plans that fall under different designs. For example: Carrier A may have three plans in the small group market that require prior authorization but two other plans in the small group market that do not require prior authorization.

Relative financial impacts to health, medical or social services costs

ORS 646A.694(1)(j) and OAR 925-200-0020(1)(j) & (2)(i)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the extent to which the use of Cosentyx may affect broader health, medical, or social service costs, as compared to alternative treatments or no treatment. At the time of this review, there was no quantifiable data available to PDAB to assess these relative financial impacts in the Oregon population.

The statutory and regulatory criteria contemplate consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis

was not performed. Future reviews may incorporate this data as it becomes available through carrier reporting, manufacturer disclosures, or other sources.
Future reviews may incorporate findings from real-world evidence, health technology assessments, or economic modeling as such data become available.

Estimated average enrollee copayment or other cost-sharing

ORS 646A.694(1)(k) and OAR 925-200-0020(1)(k) & (2)(j)(A-D). Data source information provided from APAC and carrier data call. Data limitations with patient assistance programs

This section summarizes the average annual enrollee out-of-pocket (OOP) costs for Cosentyx in Oregon, as reported in 2023 by the Oregon All Payers All Claims (APAC). These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance type.

Table 16 and 17 presents the average annual enrollee cost-sharing amounts derived from APAC. The APAC data, which includes claims from commercial, and Medicare enrollees, showed average per-claim and per-enrollee OOP gross costs. Due to the absence of Medicaid OOP costs, the insurance type has been omitted entirely from the following tables.

Table 16 Review drug vs. therapeutic alternatives and annual out-of-pocket cost per enrollee [52]

Proprietary name	Annual Medicare OOP cost/ enrollee	Annual commercial OOP cost/ enrollee	Total[53]	Median	IQR	75th percentile	95th percentile
Cosentyx	$1,821	$2,562	$2,422	$15	$211	$211	$3,950
Ilumya	$1,689	$2,932	$2,600	$0	$85	$85	$3,932
Siliq	$537	$6,676	$3,168	$0	$1,104	$1,104	$3,395
Skyrizi	$3,802	$4,066	$4,011	$125	$2,106	$2,106	$6,719
Stelara	$6,055	$3,341	$4,235	$15	$1,000	$1,000	$7,852
Taltz	$3,499	$3,147	$3,302	$40	$1,951	$1,951	$6,156
Tremfya	$3,168	$3,020	$3,065	$35	$814	$814	$5,502

[52] Based on 2023 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[53] The total is the overall cost per enrollee across commercial insurers and Medicare.

Table 17 Review drug vs. therapeutic alternatives and out-of-pocket cost per claim[54]

Proprietary name	Medicare OOP cost/ claim	Commercial OOP cost/ claim	Total[55]	Median	IQR	75th percentile	95th percentile
Cosentyx	$224	$317	$293	$5	$150	$150	$2,113
Ilumya	$563	$872	$796	$0	$120	$120	$6,355
Siliq	$75	$703	$389	$0	$20	$20	$2,752
Skyrizi	$1,099	$1,090	$1,093	$99	$620	$620	$5,933
Stelara	$1,226	$624	$797	$5	$300	$300	$6,240
Taltz	$1,029	$670	$800	$0	$400	$400	$4,442
Tremfya	$784	$645	$677	$27	$400	$400	$3,983

Clinical information based on manufacturer material[56]

ORS 646A.694(1)(L) and OAR 925-200-0020(1)(L). Information provided from manufacturers and information with sources from contractor(s).

Drug indications

- FDA Approved:
  - Cosentyx is a human interleukin-17A (IL-17) antagonist indicated for the treatment of:
    - moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy.
    - active psoriatic arthritis (PsA) in patients 2 years of age and older. adults with active ankylosing spondylitis (AS).
    - adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.
    - active enthesitis-related arthritis (ERA) in pediatric patients 4 years of age and older.

[54] Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[55] The total is the overall cost per claim across commercial insurers and Medicare.
[56] U.S. Food & Drug Administration. Cosentyx (Secukinumab) Prescribing Information. Teva Pharms., Action yr 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125504s000lbl.pdf.

        - adults with moderate to severe hidradenitis suppurativa (HS)
- Off Label Uses:
    - Rheumatoid Disease
        - IL-17 antagonists belong to a group of medicines called biological DMARDs (disease-modifying anti-rheumatic drugs) and reduces the inflammation effects of interleukin 17. Though Cosentyx is approved by the FDA for other diseases with symptoms of inflammation, secukinumab and other IL-17 antagonists are used in off label uses to treat rheumatoid diseases such as rheumatoid arthritis.[57, 58]

Clinical efficacy

The efficacy of secukinumab for moderate to severe plaque psoriasis was established in two pivotal randomized, double-blind, placebo-controlled trials (ERASURE [trial 2302] and FIXTURE [trial 2303]) (Table 15). Across these studies, secukinumab demonstrated statistically significant improvements in disease activity, measured by the psoriasis area and severity index (PASI) and the proportion of patients achieving a response of 0 or 1 on the modified investigator's global assessment (mIGA) compared to placebo and etanercept (active comparator) at week 12. Secukinumab has also demonstrated efficacy across additional indications including psoriatic arthritis, ankylosing spondylitis, and non-radiographic axial spondyloarthritis.

Table 18 Adult plaque psoriasis response study measured by PASI 75 and IGA 0/1 Response at Week 12

Study	Treatment	Comparator	PASI 75 response (%)	ARR / P value	mIGA 0/1 response (%)	ARR/ P value
ERASURE (2302)	secukinumab (SK) 300 mg	Placebo (PB)	SK: 81.6% PB: 4.5%	77% / <0.001	SK: 65.3% PB: 2.4%	63%/ <0.001
FIXTURE (2303)	secukinumab (SK) 300 mg	Placebo (PB) Etanercept (EUE)	SK: 77.1% EUE: 44% PB: 4.9%	72%/ <0.001 33% <0.001	SK: 62.5% EUE: 27.2% PB: 2.8%	60% <0.001 35% <0.001
Abbreviations: ARR: absolute risk reduction; EUE: etanercept; mIGA = modified investigator's global assessment with 0=clear, 1=almost clear, 2=mild disease, 3=moderate disease, 4=severe disease; PASI: psoriasis area and severity index on a scale of 0 to 72 with higher scores indicating						

[57] "Understanding Unapproved Use of Approved Drugs Off Label." U.S. Food & Drug Administration, Feb. 5, 2018. https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label.

[58] Stefania, S., et al. (2021). Off-label use of anti-IL-1 drugs in rheumatic diseases. International journal of immunopathology and pharmacology, 35, 20587384211006584. https://doi.org/10.1177/20587384211006584.

Study	Treatment	Comparator	PASI 75 response (%)	ARR / P value	mIGA 0/1 response (%)	ARR/ P value
more severe disease; PASI 75 = a reduction of ≥75% in baseline PASI score; PB: placebo; SK: secukinumab						

Table 19 Adult psoriatic arthritis (Week 24 response)

Study	Treatment	Comparator	ACR20 (%)	P value (vs placebo)	ACR50 (%)	P value
FUTURE1	secukinumab (SK) 75 mg and 150 mg	Placebo (PB)	SK75: 50.5% SK150: 50.0% PB: 17.3%	<0.001*	SK75: 30.7% SK150: 34.7% PB: 7.4%	<0.001*
FUTURE2	secukinumab (SK) 75 and 150 mg and 300 mg	Placebo (PB)	SK75: 29% SK150: 51% SK300: 54% PB: 15%	0·0399 <0·0001 <0·0001	SK75: 18% SK150: 35% SK300: 35% PB: 7%	0·9195 0·0555 0·0040
Abbreviations: ACR: American college of rheumatology; ACR20: proportion of patients with at least a 20% improvement from baseline in the number of tender and swollen joints and at least three other domains; ACR50: proportion of patients with at least a 50% improvement from baseline in ACR; PB: placebo; SK: secukinumab						
*for all doses compared to placebo						

Table 20 Ankylosing Spondylitis Response (Week 16 ASAS20)

Study	Treatment	Comparator	ASAS20 (%)	P value (vs placebo)	ASAS40 (%)	P value
MEASURE1	secukinumab (SK) 75 mg and 150 mg	Placebo (PB)	SK75: 60% SK150: 61% PB: 29%	<0.001*	SK75: 33% SK150: 41% PB: 13%	<0.001*
MEASURE2	secukinumab (SK) 75 and 150 mg	Placebo (PB)	SK75: 41% SK150: 61% PB: 28%	0·10 <0·0001	SK75: 26% SK150: 36% PB: 11%	0·10 <0·0001

Study	Treatment	Comparator	ASAS20 (%)	P value (vs placebo)	ASAS40 (%)	P value
Abbreviations: ASAS20: Assessment of Spondyloarthritis International Society; ASAS20: proportion of patients with at least a 20% improvement from and absolute improvement of ≥1 unit [on a 10-unit scale] in at least three of the four main ASAS domains; ASAS40: improvement of ≥40% and absolute improvement of ≥2 units [on a 10-unit scale] in at least three of the four main ASAS domains; PB: placebo; SK: secukinumab						
*for all doses compared to placebo						

Clinical safety[59]

- FDA safety warnings and precautions:
  - Infections
  - Tuberculosis
  - Inflammatory Bowel Disease
  - Eczematous Eruptions
  - Risk of Hypersensitivity in Latex-Sensitive Individuals
  - Immunizations: patients should be up to date before initiating therapy. Live vaccines should not be given concurrently during therapy.
- Contraindications:
  - Serious hypersensitivity reaction to secukinumab or to any of the excipients.
- Common side effects:
  - Gastrointestinal: diarrhea, exacerbation of Crohn's disease, ulcerative colitis
  - Infections, nasopharyngitis, upper respiratory tract infections
  - Urticaria
  - Headache

[59] U.S. Food & Drug Administration. Cosentyx (Secukinumab) Prescribing Information. Teva Pharms., Action yr 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/125504s000lbl.pdf.

Therapeutic alternatives:[60,61,62,63,64,65,66]

Table 21 FDA Approved Indications

Non-proprietary (*proprietary*) name	Manufacturer (year approved)	Plaque psoriasis	Psoriatic arthritis (PsA)	Ankylosing spondylitis (AS)	Non-radiographic axial SpA	Other indications
***secukinumab* (Cosentyx)**	Novartis Pharmaceuticals Corp. (2015)	≥6 yo	≥2 yo	≥ 18 yo	≥ 18 yo	Enthesitis-Related Arthritis (≥4 yo)
***tildrakizumab* (Ilumya)**	Sun Pharmaceutical Industries Limited (2018)	≥ 18 yo	No	No	No	—
***brodalumab* (Siliq)**	Bausch Health Ireland, Limited (2017)	≥ 18 yo	No	No	No	—
***guselkumab* (Tremfya)**	Janssen Biotech, Inc. (2017)	≥ 18 yo	≥ 18 yo	No	No	—
***ixekizumab* (Taltz)**	Eli Lilly and Company (2016)	≥6 yo	≥ 18 yo	≥ 18 yo	≥ 18 yo	—

[60] U.S. Food & Drug Administration. *Cosentyx (secukinumab) Prescribing Information*. Novartis Pharm. Corp., Action yr 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/125504_S050_S051lbl.pdf.
[61] U.S. Food & Drug Administration. *Ilumya (tildrakizumab-asmn) Prescribing Information*. Sun Pharma. Ind. Limited., Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761067s014lbl.pdf.
[62] U.S. Food & Drug Administration. *Siliq (brodalumab)Prescribing Information*. Bausch Health Ireland, Limited, Action yr 2017. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761032lbl.pdf.
[63] U.S. Food & Drug Administration. *Tremfya (guselkumab) Prescribing Information*. Janssen Biotech, Inc., Action yr 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/761061s007lbl.pdf.
[64] U.S. Food & Drug Administration. *Taltz (ixekizumab) Prescribing Information*. Eli Lilly and Company, Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/125521s024lbl.pdf.
[65] U.S. Food & Drug Administration. *Stelara (Ustekinumab) Prescribing Information*. Janssen Biotech, Inc., Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761044s010lbl.pdf.
[66] U.S. Food & Drug Administration. *Skyrizi (risankizumab-rzaa)Prescribing Information.* AbbVie, Inc., Action yr 2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761105s018lbl.pdf.

Non-proprietary (*proprietary*) name	Manufacturer (year approved)	Plaque psoriasis	Psoriatic arthritis (PsA)	Ankylosing spondylitis (AS)	Non-radiographic axial SpA	Other indications
ustekinumab **(Stelara)**	Janssen Biotech, Inc. (2016)	≥6 yo	≥6 yo	No	No	Crohn's Disease, Ulcerative Colitis
risankizumab **(Skyrizi)**	AbbVie, Inc. (2019)	≥ 18 yo	≥ 18 yo	No	No	Crohn's Disease, Ulcerative Colitis

Comparative clinical efficacy

Secukinumab has shown to be superior to etanercept and ustekinumab in achieving clear or almost clear skin in patients with plaque psoriasis. One small, open-label, trial found no difference in clinical improvement between guselkumab and secukinumab at 16 weeks and another trial found no difference in disease remission between risankizumab and secukinumab at 16 weeks. There is no evidence of difference in harms between secukinumab and other targeted immune modulators for the treatment of plaque psoriasis.

Table 22 Adverse effects comparison

Drug	Common AEs	Serious risks / warnings
secukinumab **(Cosentyx)**	Nasopharyngitis, URTI, Diarrhea	Risk of infections, tuberculosis, IBD flare, hypersensitivity
tildrakizumab-asmn **(Ilumya)**	URTI, injection site reactions	Risk of infections, tuberculosis
brodalumab **(Siliq)**	Arthralgia, headache	Risk of infections, tuberculosis, suicidal ideation (boxed warning)
guselkumab **(Tremfya)**	URTI, headache, injection site rxns	Risk of infections, TB screening advised
ixekizumab **(Taltz)**	Injection site reactions, URTI	Risk of infections, tuberculosis, IBD exacerbation
ustekinumab **(Stelara)**	Nasopharyngitis, fatigue	Malignancy, risk of infections, tuberculosis

Drug	Common AEs	Serious risks / warnings
***risankizumab-rzaa* (Skyrizi)**	URTI, headache, fatigue	Risk of infections, tuberculosis, risk of hypersensitivity

Table 23 Route and dosing

Drug	Route	Initial dosing	Maintenance dosing
***secukinumab* (Cosentyx)**	SubQ	300 mg weekly × 5 weeks	300 mg Q4W (can use 150 mg in some)
***tildrakizumab-asmn* (Ilumya)**	SubQ	100 mg at Weeks 0 and 4	100 mg Q12W
***brodalumab* (Siliq)**	SubQ	210 mg at Weeks 0, 1, and 2	210 mg Q2W
***guselkumab* (Tremfya)**	SubQ	100 mg at Weeks 0 and 4	100 mg Q8W
***ixekizumab* (Taltz)**	SubQ	160 mg at Week 0, then 80 mg Q2W ×12W	80 mg Q4W
***ustekinumab* (Stelara)**	SubQ	Weight-based at Weeks 0 and 4	Q12W
***risankizumab-rzaa* (Skyrizi)**	SubQ	150 mg at Weeks 0 and 4	150 mg Q12W

Input from specified stakeholders

ORS 646A.694(3) and OAR 925-200-0020(2)(k)(A-D)

See appendix page for all stakeholder feedback.

Patients and caregivers

Note: The information presented is based on self-reported survey responses from individuals prescribed certain medications. Participation in the survey was voluntary, and the responses reflect each individual's personal understanding and interpretation of the question asked. As such, the data may contain inconsistencies or inaccuracies due to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the responses.

Survey information was **received from three individuals** taking or having an association with Cosentyx. According to the survey results, 67 percent of respondents had insurance coverage for Cosentyx.

Zero patients were on Medicaid, one patient was on Medicare, and two patients had private health insurance. One patient reported their prescription was not covered, although they were under private health insurance. Three patients reported being on patient assistance programs.

Below are written answers from Oregon patients and a caregiver who responded to the PDAB survey in April 2025. Survey responses have been edited for readability, length and to protect patient privacy.

” Cosentyx ”

- For the past year, the patient has taken Cosentyx every four weeks by injection for psoriasis. It clears up skin issues. The patient was on Humira for a number of years, but it lost its effectiveness. They have billed him over $7,000 per monthly dose for Cosentyx and then told him he no longer qualified for the patient assistance program. The patient is on Medicaid. (Submitted by a caregiver.)
- I take Cosentyx Sensoready 150MG / ML - 2 pack, self-administered every 30 days for psoriasis and psoriatic arthritis. I have been taking it for about four years. My monthly, out-of-pocket cost is $45 through private insurance and a patient assistance program. This drug eliminates all my symptoms with 100 percent reliability and no unpleasant side effects. In the past, I have tried Humira, Enbril, and Taltz with much lower efficacy and/or with very unpleasant side effects. My monthly premium for health insurance for two people is high enough ($1,500) to make me eligible to purchase cheaper insurance on the marketplace. However, because this drug is classified as a tiered specialty medication, it is not covered by any plans I can afford. I made the mistake of buying a plan on the marketplace a few years ago and the copay for Cosentyx was $4,500 per month, with the patient assistance program offering to cover $100 of that. I went unmedicated for about seven months.
- I take Cosentyx 300 mg once every 30 days for psoriasis. I have no out-of-pocket costs for this drug. Cosentyx works excellently in treating my condition. I tried other drugs with poor results and worse side effects. If I didn’t qualify for the patient assistance program through Novartis, I would not be able to afford this drug. The co-pay with my Medicare Advantage plan is prohibitively high.

Individuals with scientific or medical training

A survey of healthcare professionals with scientific or medical training identified key barriers for patients accessing medications.

There were **three healthcare professionals that reported** the prior authorization, step therapy, cost, and formulary issues with Cosentyx was an administrative burden and laborious for patients to access the medication.

Below are selected written responses about Cosentyx from the survey for individuals with scientific or medical training, edited for length and to protect their privacy.

- Cosentyx reduces skin and joint inflammation and often results in disease remission. Obtaining prior authorizations are time consuming and frustrating, often resulting in back and forth with PBMs and submitting appeal for denials. PBMs will often deny coverage in favor of formulary alterative. Same concerns apply for other rheumatology specialty meds. PBMs have taken away our autonomy and the ability to best care for our patients, not to mention the undue administrative burden and hand wringing caused by their stonewalling and excessive (and often redundant) paperwork. – Oregon rheumatologist

- Cosentyx treats Psoriasis, hidradenitis suppurativa. It blocks a key cytokine called IL-17 to reduce inflammation. Medicaid is burdensome and often requires multiple layers of step therapy. Benefits of Cosentyx compared to therapeutic alternatives? Improved efficacy compared to methotrexate and adalimumab. Safer option than infliximab as it is more targeted and does not broadly suppress the immune system. Higher cost than methotrexate. Not used as much for psoriasis as there are many more effective options. Is considered second-line therapy for hidradenitis suppurativa. Medicaid has recommended several other step therapy options that led to patient never getting their psoriasis treated. -OHSU dermatology professor

- In general, the goal of therapy in treating the various conditions Cosentyx is FDA-approved for, involves improvement in symptom control and disease activity from baseline, whether that is a reduction of PASI score in dermatologic conditions or response to treatment using clinical measuring tool/scores in rheumatologic conditions (e.g., AS20, ASA20, etc.). Dosing: requires loading dose for most indications. Frequency: monthly dosing (depending on the indication) compared to multi-month dosing for other IL blockers. Warning: can worsen existing IBD. Storage: requires refrigeration and stability at room temperature is not as good as Enbrel (4 days vs. 14 days). – manager of an Oregon specialty pharmacy

Safety net providers

The information reported by safety net providers describes their experience dispensing Cosentyx, particularly in relation to the federal 340B Drug Pricing Program. The survey collected information on utilization, if the drug was eligible for 340B discounts, dispensing arrangements, and payment and reimbursement levels.

A total of **11 safety net clinics** responded to the survey. Among respondents, **2 clinics indicated that Cosentyx was covered as a 340B-eligible prescription** within their programs.

Most clinics (91%) reported operating an internal pharmacy for dispensing 340B-eligible medications, and 64 percent reported using one or more contract pharmacies for this purpose.

Additionally, **82 percent of clinics reported having a prescription savings program**, and all respondents (100%) reported employing a staff member dedicated to 340B compliance.

Regarding expenditures under the 340B program, respondents reported a range of total amounts paid: 27 percent reported paying between **$0–$100,000**, 18 percent reported between **$100,001–$300,000**, while **55 percent declined to report, citing trade secret protections**.

Reported reimbursement for dispensing under 340B also varied: 18 percent of respondents reported reimbursement between **$0–$100,000**, 9 percent between **$100,001–$500,000**, and 18 percent between **$500,000–$10,000,000**.

Without additional detail on the volume of patients treated or the per-claim costs, it is difficult to interpret the figures in terms of clinic financial risk or access outcomes. The wide range may reflect differing clinic sizes, patient populations, or inventory management practices. Notably, the absence of full reporting by 55 percent of clinics makes it challenging to assess how 340B drug costs affect long-term affordability or sustainability for safety-net providers.

These results suggest that while Cosentyx is incorporated into many safety-net programs, further data would be necessary to understand how reimbursement aligns with acquisition cost and whether 340B discounts adequately mitigate financial exposure for patients and the healthcare system.

Table 24 Safety net provider survey responses

Survey information	Response
Clinics responded	11
The drug is covered as a 340B eligible prescription in their program	2
Reported having an internal pharmacy they use to dispense 340B eligible prescriptions.	91%
Reported having one or more contract pharmacies from which 340b eligible prescriptions are dispensed.	64%
Reported having a prescription savings program to improve patient access to prescription medications	82%
Reported having a staff person dedicated to 340b compliance requirements	100%
Reported total amount paid for drug under 340B was between $0-$100,000	27%
Reported total amount paid for drug under 340B was between $100,001-$300-000	18%
Reported total amount paid for drug under 340B was between this was trade secret and did not provide an amount	55%

Survey information	Response
Reported total reimbursement for drugs dispensed under 340B was between $0-$100,000	18%
Reported total reimbursement for drugs dispensed under 340B was between $100-001-$500,000	9%
Reported total reimbursement for drugs dispensed under 340B was between $500,000-$10,000,000	18%

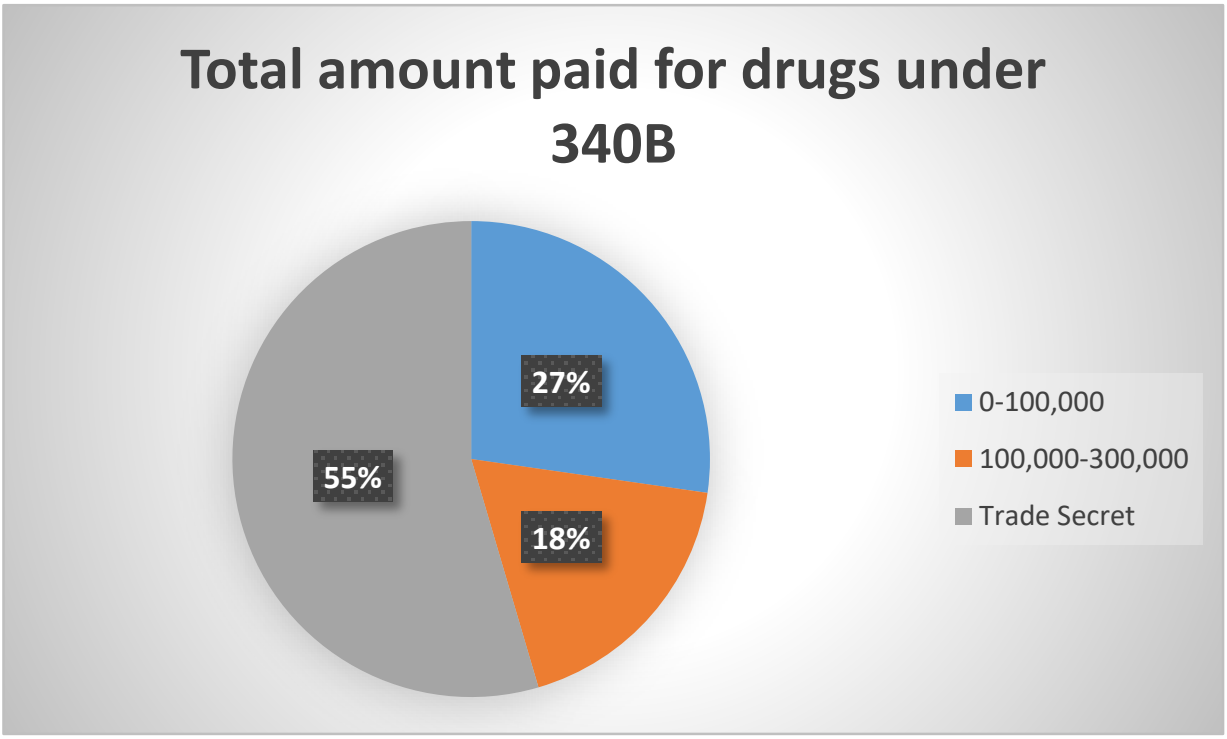

Figure 5 Amounts paid for drug under 340B discount program

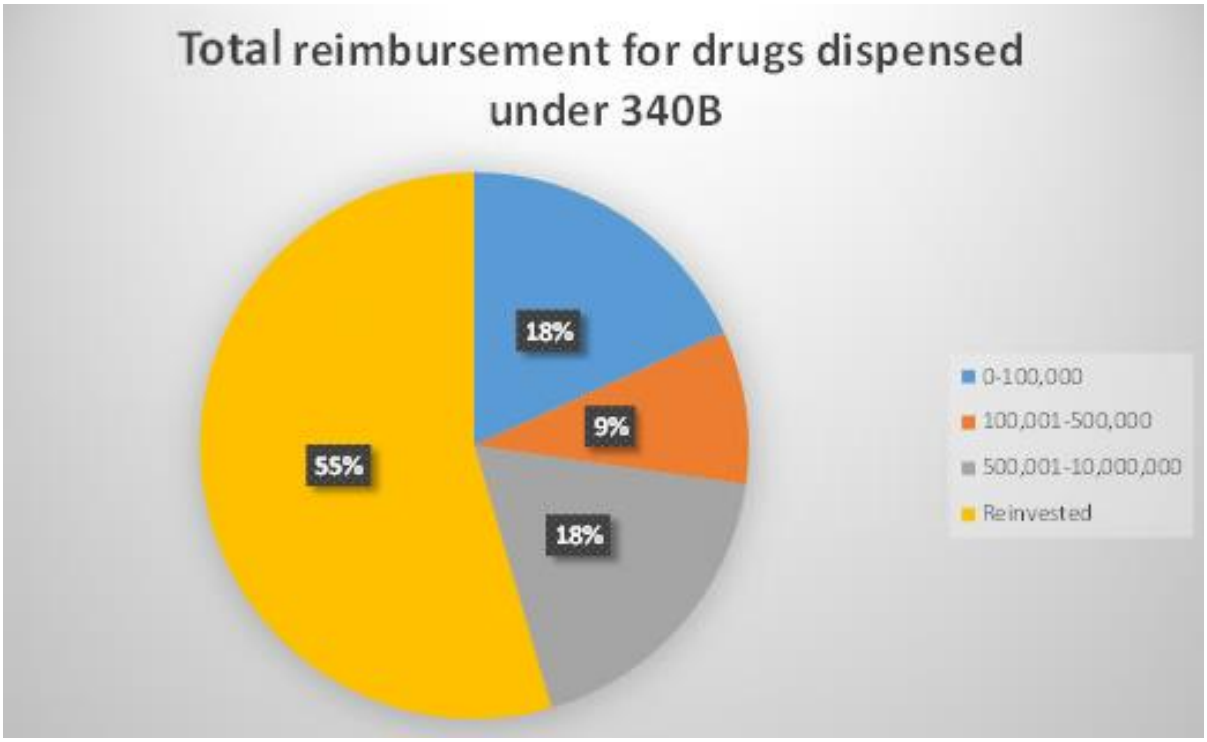

Figure 6 Estimated reimbursement ranges in dollars for potential reimbursement with drugs dispensed under 340B program

Payers

Relevant information from payers is incorporated throughout the material packed based on the data submitted through the formal data call process. This includes details on the total cost of care for the disease, the cost and utilization of the prescription drug, the availability and formulary placement, therapeutic alternatives, as well as reported impacts to member costs.

The data provided through the carrier data call serves as a comprehensive source of payer input and reflects aggregate insights across participating organizations. No separate qualitative feedback or narrative statements were requested or received from individual payers for inclusion in the section.

Appendix

Stakeholder feedback:

Name of speaker	Association to drug under review	Drug	Format	Date	Exhibit website link
Courtney Piron	Novartis	Cosentyx	Letters	5/21/2025 8/12/2025	Exhibit A Exhibit B
Gabrielle Draper	Derma Care Access Network	Cosentyx	Letter	8/17/2025	Exhibit C
Kim Sanders	OHSU	Cosentyx	Letter	8/17/2025	Exhibit D
Tiffany Westrich-Robertson	Patient living with arthritis and on Cosentyx for four years	Cosentyx	Speaker	8/20/2025	Exhibit E