



## Berkshire West Area Prescribing Committee Policy Statement

<b>Drug Name</b>	Secukinumab (Cosentyx®)
<b>Indication under review</b>	First line biologic drug for treating ankylosing spondylitis (AS)
<b>Policy No:</b>	APC 133
<b>Date of Issue:</b>	September 2016
<b>Review Date:</b>	September 2019
<b>Policy Statement:</b> Secukinumab is recommended as a first line option for treating ankylosing spondylitis in adults whose disease has responded inadequately to conventional treatments (such as NSAIDs) or patients in whom an anti-TNF may not be suitable.  (Please note that patients requiring secukinumab in AS after failure of anti-TNFs are not covered by this policy)	
<b>Traffic Light Status</b>	<b>Red</b>
<b>Key Points considered:</b> <ul style="list-style-type: none"><li>• Dose considered was 150mg only (funding will not cover doses higher than 150mg)</li><li>• This treatment is for biologic naïve patients only. All other patients would require an the completion of an Individual Funding Request form to secure funding.</li></ul>	
<b>References:</b> Baeten D, Siper J et al. Secukinumab an interleukin-17A inhibitor in ankylosing spondylitis. N Eng J Med 2015; 373:2534-48	
<b>Date taken to APC:</b>	7 <sup>th</sup> September 2016
<b>Date Ratified by MMC on Behalf of the Board:</b>	21 September 2016