BC PharmaCare Drug Information

The drug below is being considered for coverage under the BC PharmaCare program. PharmaCare is a government-funded drug plan that helps B.C. residents with the cost of eligible prescription drugs and medical supplies. For more information about PharmaCare, visit the PharmaCare website.

PharmaCare reviews each drug for treating a specific illness or medical condition (also called an "indication"). If PharmaCare decides to cover a drug, that coverage applies only to the indication(s) specified. In some cases, PharmaCare covers a drug only for people who have not responded to other drugs that treat the same indication.

More information about the PharmaCare drug review process is provided on the last page of this document.

Drug information	
Generic name (scientific name)	**secukinumab**
Brand name	**Cosentyx®**
Manufacturer	Novartis Pharmaceuticals Canada Inc.
Indication	For the treatment of juvenile idiopathic arthritis (JIA), specifically active enthesitis-related arthritis (ERA) and active juvenile psoriatic arthritis (PsA), in children and adolescents 6 years of age and older.
Has the drug been reviewed by CDA-AMC, or will CDA-AMC be reviewing it? (See note below.)	No. Secukinumab is being reviewed internally by the Ministry of Health using input from the University of British Columbia's Therapeutics Initiative (TI). The TI's mission is to provide physicians, nurse practitioners, pharmacists, allied health professionals & the public with up-to-date, independent, evidence-based, practical information on healthcare interventions.
Public input start date	**Wednesday, June 24, 2026**
Public input closing date	**Tuesday, July 21, 2026, at 11:59 pm**
How is the drug given?	Secukinumab is given by subcutaneous (under the skin) injection.
How often is the drug injected?	Secukinumab is initially injected at weeks 0, 1, 2, 3, and 4, followed by once monthly maintenance dosing.

Drug information	
General drug and/or drug study information	The Ministry of Health is reviewing secukinumab for the treatment of juvenile idiopathic arthritis (JIA) in children and adolescents 6 years of age and older. JIA is the most common type of arthritis in children and adolescents. It is an autoimmune disorder in which the immune system mistakenly attacks healthy tissues, causing joint pain, swelling, and stiffness. JIA is diagnosed when joint inflammation lasts for six weeks or longer and begins before age 16. The term "idiopathic" means that the exact cause is unknown. JIA is a group of conditions, and secukinumab is used to treat two specific types: enthesitis-related arthritis (ERA) and juvenile psoriatic arthritis (JPsA). ERA is arthritis affecting joints and the places where tendons or ligaments attach to bone. JPsA involves similar joint inflammation, but is associated with psoriasis (a skin condition causing red, scaly patches) and may include features like swollen fingers or toes, nail changes, or skin rash. Secukinumab works by blocking a protein in the immune system called interleukin-17A (IL-17A), which plays a key role in causing inflammation. By blocking this protein, secukinumab may help reduce the inflammation that leads to joint pain, swelling, and stiffness. Studies looked at the following: • Time to disease flare from week 12 to week 104 • Inactive disease status (a study-defined outcome showing that a patient met specific clinical criteria for no active disease) • JIA-American College of Rheumatology (ACR) 30, 50, 70, 90, 100 response rate[a] • JADAS (Juvenile Arthritis Disease Activity Score)[b] • Total enthesitis count[c] • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest: Anti-drug antibodies (immunogenicity)[d]

[a] The ACR 30/50/70/90/100 scores are measurement scales used by doctors to track how well JIA is responding to treatment. These numbers represent the exact percentage of improvement a patient is experiencing compared to when they started treatment.
[b] JADAS is a simple tool doctors use to measure how active a patient's JIA is at a given moment. It combines four measures into a single number: a count of active joints, a blood test for inflammation, and two overall well-being ratings (one from the doctor and one from the parent or child).
[c] A total enthesitis count is a score used by doctors to measure the number of places in your body where your tendons or ligaments are inflamed. It helps diagnose inflammatory types of arthritis and track how well a treatment is working

Drug information	
Other considerations	None

Note:
CDA-AMC (Canada's Drug Agency-L'Agence des Médicaments du Canada) is a national organization that reviews drugs on behalf of Canadian public sector plans when drug manufacturers want those plans to provide coverage for the drug. For detailed information about the PharmaCare drug review process, including the role of the CDA-AMC Reimbursement Review (CRR) in that process, visit How PharmaCare Decides Which Drugs to Cover.

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
secukinumab (Cosentyx)	Prefilled syringe and pen	Under Review for JIA (ERA and JPsA) Limited Coverage for multiple indications[e]
Comparators		
adalimumab (biosimilars)	Prefilled syringe and pen	Limited Coverage for moderate to severe active polyarticular JIA and multiple other indications[f]
infliximab (biosimilars)	Vial for intravenous (IV) infusion	Non-Benefit for JIA Limited Coverage for multiple indications[g]

[d] Anti-drug antibodies are antibodies produced by a patient's immune system that bind to the therapeutic drug (such as secukinumab) because it is recognised as a foreign protein. Their development reflects an unwanted immune response called "immunogenicity," and may reduce treatment effectiveness or cause adverse effects by neutralising the drug or increasing its clearance from the body.
[e] Limited coverage for hidradenitis suppurativa (HS), severe plaque psoriasis (PsO), ankylosing spondylitis (AS), and psoriatic arthritis (PsA).
[f] Limited Coverage for rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), plaque psoriasis (PsO), hidradenitis suppurativa (HS). Under review for pediatric inflammatory bowel disease (IBD), including ulcerative colitis (UC) and Crohn's disease (CD).
[g] Limited coverage for rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis (AS), plaque psoriasis (PsO), ulcerative colitis (UC), and Crohn's disease (CD).

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
golimumab (Simponi)	Solution for IV infusion	Non-Benefit for JIA Limited Coverage for multiple indications[h]
tocilizumab (biosimilars)	Prefilled syringe and pen, vial for IV infusion	Limited Coverage for moderate to severe active polyarticular JIA and multiple other indications[i]
tofacitinib (generics)	Tablet	Under Review for JIA Limited Coverage for multiple indications[j]
etanercept (biosimilars)	Prefilled syringe and pen	Limited Coverage for severe active polyarticular JIA and multiple other indications[k]

[h] Limited coverage for rheumatoid arthritis (RA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS). Under review for ulcerative colitis (UC).
[i] Limited Coverage for rheumatoid arthritis (RA), giant cell arteritis (GCA), active systemic juvenile idiopathic arthritis (sJIA), and neuromyelitis optica spectrum disorder (NMOSD).
[j] Limited coverage for ankylosing spondylitis (AS), psoriatic arthritis (PsA), rheumatoid arthritis (RA), and ulcerative colitis (UC).
[k] Limited coverage for rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), and severe plaque psoriasis (PsO).

The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent national organization called Canada's Drug Agency (CDA-AMC) provides evidence-based recommendations to public drug plans across Canada through its reimbursement review process.

As part of the CDA-AMC's Clinical Reimbursement Review process, the Canadian Drug Expert Committee (CDEC) makes reimbursement recommendations for non-oncology pharmaceuticals to the participating federal, provincial, and territorial publicly funded drug plans. In developing its recommendations, the CDEC considers:

- whether the drug is safe and effective
- what the drug costs and whether it is a good value to the citizens of B.C.
- ethical considerations related to covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes a BC PharmaCare coverage decision by considering:

- existing BC PharmaCare policies, programs and resources
- the evidence-informed advice of the CDA-AMC
- the recommendations and reimbursement conditions of the CDEC
- if a Ministry Initiated review, the advice of an independent expert group called the Drug Benefit Council (DBC)
- BC-specific patient input collected through the Your Voice website
- drugs already covered by BC PharmaCare that treat similar medical conditions
- the overall cost of covering the drug

Visit BC PharmaCare and Drug reviews for more information.

This document provides information only.
It does not take the place of advice from a physician or other qualified health care provider.