NOVARTIS

Cosentyx Derm - Cosentyx in PsO - HCP

Prescribing information

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Cosentyx® (secukinumab) and plaque psoriasis (PsO)

Cosentyx is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in adults, children and adolescents from the age of 6 years who are candidates for systemic therapy; active psoriatic arthritis (PsA) in adult patients (alone or in combination with methotrexate [MTX]) when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate.[1,2]

Full indications for Cosentyx can be found here

Cosentyx is intended for use under the guidance and supervision of a physician experienced in the diagnosis and treatment of conditions for which Cosentyx is indicated.[1,2]

Please refer to the Cosentyx Summary of Product Characteristics for full prescribing details, safety information, administration and dosing including in special populations.[1,2]

Cosentyx for your eligible adult patients with moderate to severe PsO and concomitant active PsA:

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This image does not depict a real patient. For illustrative purposes only.

SKIN CLEARANCE is meant by 69% of patients receiving Cosentyx 300 mg (n=80) vs 22.4% of patients receiving narrowband ultraviolet B (nb-UVB) phototherapy (n=80) achieved Psoriasis Area Severity Index (PASI) 100 through Week 52 (exploratory endpoint). The primary endpoint, the proportion of patients achieving PASI90 at Week 52, was met (91% vs 42% for Cosentyx 300 mg vs nb-UVB phototherapy, respectively, $p<0.0001$).[3] FURTHER is meant by 90% of PsO patients with PsA (n=191) taking Cosentyx 300 mg showed no radiographic progression through Year 2 (observational data, no statistical testing). The primary endpoint of proportion of patients achieving ACR20 response at Week 16 was met (Cosentyx 300 mg 62.6% vs placebo 27.4%, $p<0.0001$).[4,5]

Your eligible Cosentyx patient

Cosentyx is suitable for the treatment of:[1,2]

Image

Your PsO patients with concomitant PsA

Image

Your PsO patients weighing ≥90 kg who are in need of an individualised treatment option

Image

Your PsO patients in need of an established treatment option with a consistent

long-term safety profile

The recommended dose for patients with adult plaque psoriasis is 300 mg of Cosentyx by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Based on clinical response, a maintenance dose of 300 mg every 2 weeks may provide additional benefit for patients with a body weight of 90 kg or higher.[1,2]

Cosentyx has not been studied in patients with renal/hepatic impairment. No dose recommendations can be made.[1,2]

Why should Cosentyx be your first choice for eligible patients with moderate to severe PsO?

Cosentyx has a well-established efficacy profile characterised by:

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FAST and LASTING efficacy for PsO patients with concomitant PsA*[6]

FAST = efficacy data at 12 weeks; LONG-LASTING = efficacy data at 52 weeks[6]

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Convenience of flexible dosing tailored to your eligible patients' clinical needs[1,2]

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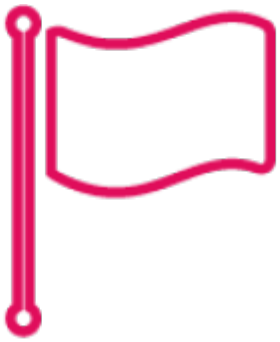

Consistent safety profile with over 8 years' experience across licensed indications[1,2,8]

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Long-term persistence Of 168 patients receiving Cosentyx in the SCULPTURE study at Year 1, 126 patients remained on Cosentyx at Year 5.[†7]

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*In the MATURE study, both co-primary endpoints and secondary endpoints were met; PASI75/90/100 ($p<0.0001$). After Week 16 the response rates were similar and were sustained throughout 52 weeks of treatment.[6]
[†]In the core SCULPTURE study, PASI75 responders at Week 12 continued receiving subcutaneous Cosentyx until Year 1. Thereafter, patients entered the extension phase and continued treatment as per the core trial. Treatment was double-blinded until the end of Year 3 and open-label from Year 4.[7]

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PSO with PSA

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PSO dosing

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Cosentyx in HS

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Heritage

Image

Safety profile

Image

Mechanism of action

Therapeutic indications[1,2]

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arthritis (JPsA) in patients 6 years and older (alone or in combination with MTX) whose disease has responded inadequately to, or who cannot tolerate, conventional therapy.[1,2]

ACR, American College of Rheumatology; AS, ankylosing spondylitis; axSpA, axial spondyloarthritis; ERA, enthesitis-related arthritis; HS, hidradenitis suppurativa; JPsA, juvenile psoriatic arthritis; MTX, methotrexate; nb-UVB, narrowband ultraviolet B; nr-axSpA, non-radiographic axial spondyloarthritis; PASI, psoriasis area and severity index; PsA, psoriatic arthritis; PsO, plaque psoriasis.

References

1. Cosentyx® (secukinumab) GB Summary of Product Characteristics.
2. Cosentyx® (secukinumab) NI Summary of Product Characteristics.
3. Iversen L, et al. *J Eur Acad Dermatol Venereol* 2023;37(5):1004–1016.
4. Mease PJ, et al. *RMD Open* 2021;7(2):e001600.
5. Mease P et al. *Ann Rheum Dis* 2018;77(6):890–897
6. Sigurgeirsson B, et al. *Dermatol Ther* 2022;35(3):e15285.
7. Bissonnette R, et al. *J Eur Acad Dermatol Venereol* 2018;32(9):1507–1514.
8. European Medicines Agency. European public assessment report. Medicine overview. Cosentyx (secukinumab). https://www.ema.europa.eu/en/documents/overview/cosentyx-epar-medicine-o.... [Accessed October 2024].

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report, or alternatively email medinfo.uk@novartis.com or call 01276 698370.
