



Cosentyx (secukinumab)

Biologic medications have been used to treat psoriasis in the UK for around nine years, and, although those currently in use are thought to be safe, it is important to note that long term safety data is still being compiled by the British Association of Dermatologists Biologics Interventions Register (BADBIR). The National Institute for Health and Care Excellence (NICE) recommends that all patients receiving biologic therapy, who provide their consent, are entered onto this observational study register. For more information on BADBIR, please see the website: www.badbir.org

What is Cosentyx?

Cosentyx (also referred to by its generic name, secukinumab) is a biologic medication approved by the European Agency for the Evaluation of Medicinal Products (EMA). It is recommended by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) to treat severe psoriasis and psoriatic arthritis under certain circumstances in England, Wales and Scotland.

1

This medication is taken via injection, and the criteria for individuals who may be eligible to take Cosentyx is laid out in the 'Who is it for?' section of this information sheet.

How does it work?

Cosentyx binds to a cytokine (chemical messenger) called interleukin-17A (IL-17A), which is involved in the body's inflammatory and immune responses. There are higher levels of IL-17A in psoriatic plaques than in non-psoriatic skin. By binding to IL-17A, Cosentyx inhibits its action (ie. stops it from working as it usually does). This means Cosentyx interrupts the inflammatory cycle of psoriasis, which can lead to the improvement in symptoms for many people who take it.

Because of the effect Cosentyx has on the immune system, you will be monitored for infections throughout treatment, and you will be tested for latent (hidden) TB before starting treatment. People taking Cosentyx may need an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

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Who is it for?

Cosentyx is for people with severe psoriasis who have not responded to, or cannot take or tolerate other systemic treatments including ciclosporin, methotrexate or PUVA. Cosentyx can also be prescribed for people with active psoriatic arthritis if other disease-modifying anti-rheumatic drugs have not worked. This includes the 'anti-TNF' biologic treatments. This means that if you have taken systemic treatments such as methotrexate, sulfasalazine or leflunomide, or biologic treatments such as Enbrel (etanercept), Humira (adalimumab), Remicade (infliximab), or Simponi (golimumab) for your psoriatic arthritis without a good response, you could be offered Cosentyx.

Who should not take Cosentyx?

- People with active serious infections
- Pregnant women should not be treated with Cosentyx and women should not fall pregnant for at least 20 weeks after treatment has stopped
- Caution is advised in people with Crohn's Disease, as Cosentyx has been shown to exacerbate (make worse) Crohn's Disease in some cases.
- Caution is also advised for those with a latex allergy (due to the materials used in the syringe or pen), and for those with already impaired immune systems

2

How is it used?

Cosentyx is taken as an injection under the skin, either via pre-filled syringe or pre-filled 'pen device, similar to diabetes patients. A syringe or 'pen' holds 150 milligrams, but the recommended dose is 300 milligrams, meaning two injections should be taken at each dose. In the first four weeks, one dose (two syringes or 'pens') should be taken each week. After that, doses are taken monthly. Most people will be trained by a nurse to administer the injection themselves.

People taking Cosentyx are likely to need regular blood tests - usually carried out by Dermatology Nurses, or by their own GP- to monitor for infections or other possible effects of the treatment.

If an adequate response is not seen after 12 weeks of using Cosentyx, the treatment will be stopped.

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What are the side effects?

The most common side effects reported include upper respiratory tract infections and diarrhoea. Most infections were not serious and did not cause the patient to have to stop taking Cosentyx, however, if a serious infection occurs a doctor will most likely stop Cosentyx.

Cosentyx is a new treatment and, as such, this side effect data comes from clinical trials.

How do I get Cosentyx?

Cosentyx can only be prescribed by the hospital consultant (Dermatologist or Rheumatologist) who is responsible for your psoriasis care.

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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3