Cosentyx (secukinumab)

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 (EMEA). 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 in adults under certain circumstances in England, Wales and Scotland. It is also approved by NICE for the treatment of severe psoriasis in children and young people aged 6 to 17 years under certain circumstances (in England and Wales). 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 (i.e. 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.
Who is it for?
Cosentyx is for adults, adolescents and children (6 years of age and older) 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 adult 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 Etanercept (Enbrel or Beneptali), Adalimumab (Humira, Amgevita, Hulio, Hyrimoz, Idacio and Imraldi), Infliximab (Remicade, Remsima, Inflectra or Flixabi) 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. You will be tested to check for infections before starting treatment.
- Pregnant women should not be treated with Cosentyx and women should not fall pregnant for at least 20 weeks after treatment has stopped. You should not breastfeed whilst taking Cosentyx 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
- Children or adolescents (under 18 years of age) with psoriatic arthritis – because it has not been studied in this age group for this condition

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 people with diabetes. The dose can vary depending on the weight of the child or adolescent, or the severity of psoriasis and / or psoriatic arthritis in adults. Your Dermatologist, Rheumatologist, Paediatrician or Specialist Nurse will discuss your dose with you. Most people will be trained by a nurse to administer the injection themselves. In the first four weeks, your prescribed dose should be taken once, each week. After that, doses are taken monthly. People taking Cosentyx are likely to need regular blood tests - usually carried out by the Dermatology or Rheumatology departments, or by your 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.
What are the side effects?
The most common side effects reported include upper respiratory tract infections, headache, cold sores, nausea, fatigue and diarrhoea. Many side effects of Cosentyx are mild and do not cause most people to stop taking it. Although side effects are possible with this, and any treatment, it is important to remember that people taking Cosentyx have regular blood tests to check for health issues. If a serious infection occurs a doctor will most likely stop Cosentyx. If you are worried about the side effects of Cosentyx, you should discuss these with your doctor or specialist nurse.

How do I get Cosentyx?
Cosentyx can only be prescribed by the hospital consultant (Dermatologist or Rheumatologist) who is responsible for your psoriasis and / or psoriatic arthritis care.

Cosentyx has been used to treat psoriasis in the UK since 2015. ‘Real-world’ safety and effectiveness data is being compiled by the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) and the British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA). The National Institute for Health and Care Excellence (NICE) recommends that all patients receiving biologic therapy, who provide their consent, are entered onto these observational study registers. For more information on BADBIR, please see the website: www.badbir.org
For more information on BSR-PsA, please see the website: https://w3.abdn.ac.uk/hsru/BSR-PsA/Public/Public/index.cshtml

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and always read the patient information leaflet to make sure you are using them correctly.
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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