NOVARTIS

Cosentyx Rheum - Disease burden in PsA - HCP

Prescribing information

Image

Image

Disease burden in psoriatic arthritis (PsA)

Cosentyx® (secukinumab) 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 adults (alone or in combination with methotrexate [MTX]) who have responded inadequately to disease-modifying anti-rheumatic drug therapy; active juvenile psoriatic arthritis (JPsA) in patients 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy.[1]

Full indications for Cosentyx can be found here

Cosentyx Summary of Product Characteristics (SmPC) can be found here

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PsA is a highly unpredictable disease

Patients present with 1 or more manifestations initially, but may develop more over time, resulting in a challenging balancing act.[2,3]

- PsA manifestations
- Prevalence
- Comorbidities

- Unmet need
- TNFi-IR

Joints

Image

Up to 96% of patients

with PsA may have peripheral arthritis[4]

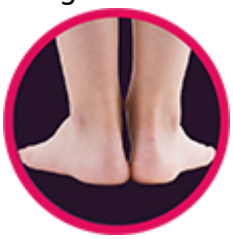
Axial

Image

Up to 50% of patients
with PsA may have axial disease[4]

Enthesitis

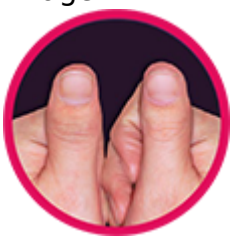
Image



Up to 50% of patients
with PsA may have enthesitis[4]

Dactylitis

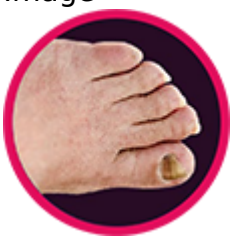
Image



Up to 50% of patients
with PsA may have dactylitis[4]

Nails

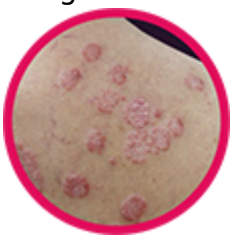
Image



Up to 83% of patients
with PsA may have nail disease[5]

Skin

Image



Up to 80% of patients
with PsA may have psoriasis[6]

These are representative patient images.

Are you considering all manifestations, including skin, in your PsA treatment plans?

Prevalence of PsA manifestations in biologic initiators (% of patients; n=354)[2]

Image

Adapted from Ogdie A, et al. 2021.[2]

PsA is associated with an increased risk of cardiovascular diseases (CVD)[7]

Image

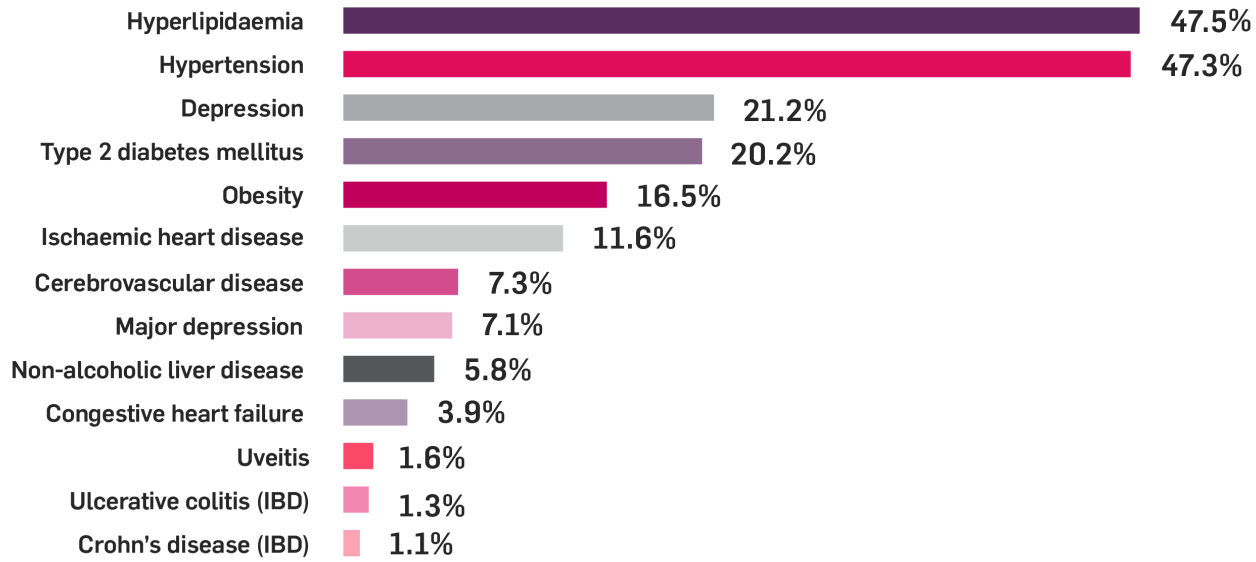
Compared with the general population, patients with PsA have (N=32,973):[7]

- **43%** increased risk of CVD
- **55%** increased risk of cardiovascular events

Prevalence of comorbidities in patients with PsA

PsA cohort: n=94,302; continuously enrolled population: n=47,438. Study based on patient data from 2008–2015, extracted from a large US national claims database.[8]

Image



Adapted from Shah K, et al. 2017.[8]

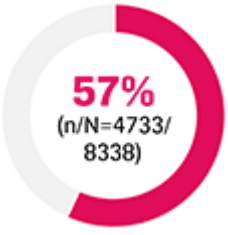
Cosentyx is not licensed for the treatment of uvetitis. Cosentyx is not recommended in patients with IBD; discontinue treatment if signs and symptoms develop. Please consult the SmPC before prescribing.[1]

Think skin…

Up to **80%** of patients with PsA may have **psoriasis**.[6]

Many of your patients with PsO may still be experiencing an unmet need.[9]

Image



of patients with PsO reported **not achieving clear or almost clear skin** with current therapy*[9]

Almost 80% of patients with PsO will experience scalp psoriasis[10]

Patients with scalp psoriasis have a 4x higher risk of irreversible joint damage[11]

Skin involvement may worsen overall disease activity and patient-reported

outcomes.[12]

Patients with PsA involving both skin and joints found that skin severity was linked to:[12]

Image

The number of PsA symptoms

Image

The level of pain reported by patients

Image

The number of joints affected

When was the last time your patient told you about their skin?

*Results based on a worldwide survey developed and funded by Novartis of 8338 patients with moderate to severe PsO from 31 countries. Patients reported being on a range of current treatments, including topical treatment with prescription, topical treatment without prescription, prescription pill treatment, phototherapy/UV light therapy, prescription injection therapy, other, or none of the above.[9]

Think nails…

Image

of patients perceive their nail psoriasis as an **important social problem**[13]

Because of my nail psoriasis, I**:**[14]
“Cannot lead a normal working life”
“Avoid touching other people”
“Feel depressed or less self-confident”

These are representative patient quotes aligned to questions asked to calculate a nail assessment in psoriasis and psoriatic arthritis quality of life (NAPPA-QOL) score.[14]

Patients with nail psoriasis have a **3x higher risk of developing PsA**.[11]

When was the last time your patient told you about their nails?

Think joints…

Joint damage can develop in as little as **6 months** from symptom onset.[15]

Treatment delay can lead to **irreversible damage**, significantly impacting patient QoL in the future.[16]

Image

PsA can have a significant impact on a patient's life, including **physical function, emotional well-being and social interaction**[17]

Find out more about the efficacy of Cosentyx across all manifestations, including skin, in eligible patients with PsA

Click here

Switching to another TNFi may not provide the same amount of control as the first[18]

Results are based on an observational Danish registry study (first treatment course N=1422; second treatment course n=548):[18]

Image

Median drug survival on **second TNFi** (vs 2.2 years on first TNFi)
Drug survival is equal to the number of days that individual patients continued treatment with the drug.

Image

of patients with PSA achieved ACR50 on **second TNFi (NNT 7.9)** (vs 33% [NNT 3.1] on first TNFi)

FUTURE 2 study:[19]

Image

of patients who had failed treatment with ≥1 TNFi **achieved ACR50 with Cosentyx 300 mg** at Week 24 vs 9% with placebo (n=9/33 vs 3/35; p=0.0431; pre-specified

exploratory endpoint)

The primary endpoint (ACR20 response at Week 24) was met (Cosentyx 300 mg: 54% vs placebo: 15%; p<0.0001).[19]

Image

BSR, EULAR and GRAPPA guidelines **recommend switching biologic class** after TFNi failure[20–22]

Cosentyx may provide a treatment option for eligible patients with PsA who have had an inadequate response to prior TNFi therapies[19]

Discover more

Image

Efficacy in axSpA

Image

Efficacy in JIA

Image

Safety profile

Image

Dosing

Image

Mechanism of action

Image

Contact us

Image

HCP resources

Therapeutic Indications[1]

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; active ankylosing spondylitis (AS) in adults who have responded inadequately to conventional therapy; active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation as indicated by elevated C-reactive protein and/or magnetic resonance imaging evidence in adults who have responded inadequately to non-steroidal anti-inflammatory drugs; active moderate to severe hidradenitis suppurativa (HS; acne inversa) in adults with an inadequate response to conventional systemic HS therapy; active enthesitis-related arthritis (ERA) in patients 6 years and older (alone or in combination with MTX) whose disease has responded

inadequately to, or who cannot tolerate, conventional therapy; active juvenile psoriatic 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]

FUTURE 2: was a multicentre, randomised, double-blind, placebo-controlled Phase III trial that evaluated 397 adult patients with active PsA (≥3 swollen and ≥3 tender joints) despite use of NSAIDs, corticosteroids, or DMARDs. Patients received Cosentyx 75 mg (n=99) **[Cosentyx 75 mg is not a licensed dose within this population]**, 150 mg (n=100), 300 mg (n=100), or placebo SC (n=98) at Weeks 0, 1, 2, 3, and 4, followed by the same dose every 4 weeks. Patients who received placebo were re-randomised to receive Cosentyx 150 mg or 300 mg every 4 weeks at Week 16 or Week 24 based on responder status. The primary endpoint was the percentage of patients with ACR20 response at Week 24 — ACR20 results at Week 24: 54% in 300 mg; 15% in placebo; $p<0.0001$ for placebo vs all doses. At baseline, approximately 65% of patients were biologic-naïve and 47% of patients were treated with concomitant methotrexate.[19]

AS, ankylosing spondylitis; BSR, British Society for Rheumatology; CVD, cardiovascular disease; ERA, enthesitis-related arthritis; EULAR, European Alliance of Associations for Rheumatology; GRAPPA, Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; HS, hidradenitis suppurativa; IBD, inflammatory bowel disease; IR, inadequate response; JPsA, juvenile psoriatic arthritis; MTX, methotrexate; NAPPA-QOL, nail assessment in psoriasis and psoriatic arthritis quality of life; NNT, number needed to treat; nr-axSpA, non-radiographic axial spondyloarthritis; PsA, psoriatic arthritis; PsO, plaque psoriasis; QoL, quality of life; SC, subcutaneous; SmPC, summary of product characteristics; TNFi, tumour necrosis factor inhibitor; UV, ultraviolet.

References

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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.

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