NOVARTIS

Cosentyx Derm - Cosentyx in Pso - PsO patient impact - HCP

Prescribing information

Image

Image

Plaque psoriasis (PsO) patient impact

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 adult patients (alone or in combination with methotrexate [MTX]) when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate; active moderate to severe hidradenitis suppurativa (HS; acne inversa) in adults with an inadequate response to conventional systemic HS therapy.[1]

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

[Full indications for Cosentyx can be found here](#).

A ‘getting it right first time’ approach is vital with biologics in PsO for optimal management*

Treatment failure with TNF inhibitors is common over time.[2–4] Up to **50 out of every 100** who start TNFi for PsO or psoriatic disease **stop within 3 years of treatment initiation** due to lack or loss of effectiveness.[2–4]

Response rates may diminish with every cycle of biologic therapy[5–7]

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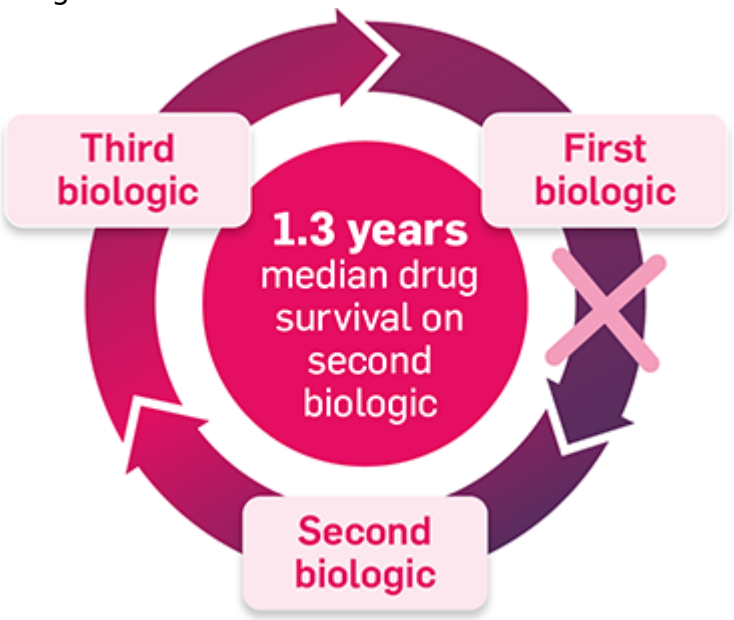

Adapted from Glintborg B, et al. 2013.[5]

Switching to a second TNFi may not provide the same control as the first[5,7]

In patients with PsO who switched to a second TNFi (data from an Italian prospective registry study between September 2005– September 2010; N=5423):[8]

Image

achieved **PASI75** on second TNFi at Week 24 (n=105)

Results were similar in patients who did not switch TNFi: PASI 75: 42.5% at Week 24; p=0.090.[8]

In patients with psoriatic disease (data from an observational Danish registry study; N=1422):[5]

Image

achieved ACR50 on **second TNFi** (NNT=7.9)

In this observational cohort study based on data from the DANBIO registry, patients who were diagnosed with PsA were included. 1,422 patients were included.[5]

How could a ‘getting it right first time’ approach help improve outcomes and save time for you and your patients?

- PsO
- PsA

SIGNATURE trial

In patients with PsO:[9]

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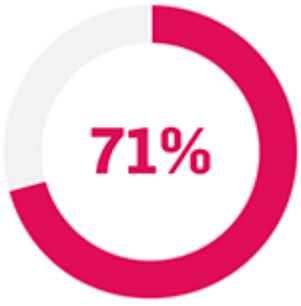

with inadequate response to 1 TNFi (n=14)

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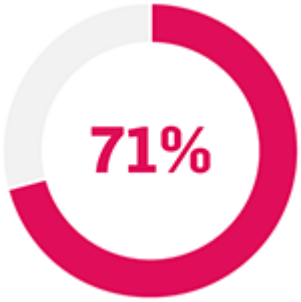

with initial response to 1 TNFi, subsequent LOR (n=44)

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with inadequate response to ≥2 TNFis(n=44)

... achieved PASI75 with Cosentyx 300 mg at Week 16[9]

p<0.0001 compared with baseline for all sub-groups.

The primary endpoint (PASI 75 response at Week 16) was met (Cosentyx 300 mg 65% vs baseline; p<0.0001).[9]

In the FUTURE 2 study

Image

of patients with PsA who had failed treatment with at least one TNFi **achieved ACR 50 with Cosentyx 300 mg** at Week 24 (n=9/33; p=0.0431) vs placebo 9% (n=3/35) (prespecified exploratory analysis)[10]

Results sustained through to Week 260[11]

31% (5/16) of TNFi non-responder patients achieved ACR50 with Cosentyx 300 mg at Week 260 (data as observed).[11]

The primary endpoint (ACR20 response at Week 24) was met (Cosentyx 300 mg: 54% vs placebo: 15%; N=397; p<0·0001).[10]

Dermatologists can support optimal service and care delivery through:

Image

Early identification of the risk of joint damage

- This can support making appropriate treatment decisions or facilitate timely referral of more complex cases to rheumatology for PsA and help safeguard patients' future[12,13]

Image

Using international guidance to provide appropriate biologics to help[14–16]

This can help to:

- Improve patient outcomes
- Minimise additional or returning hospital visits for side effect management

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Image

Cosentyx in PsO

Image

Cosentyx in HS

Image

Heritage

Image

Safety profile

Image

Mechanism of action

Therapeutic indications[1]

Cosentyx is indicated for the treatment of moderate to severe PsO in adults, children and adolescents from the age of 6 years who are candidates for systemic therapy; active PsA in adult patients (alone or in combination with MTX) when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate; active AS in adults who have responded inadequately to conventional therapy; active 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 HS (acne inversa) in adults with an inadequate response to conventional systemic HS therapy; active 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 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]

Study designs

SIGNATURE: 72-week study in 235 patients ≥18 years with moderate-to-severe chronic PsO (PASI ≥10 and DLQI >10). Patients had failed to achieve the required efficacy response to prior anti-TNF therapy according to the NICE criteria for inadequate responders. Any patients whose dose was increased from 150 mg to 300 mg at either Week 16 (end of initiation period) or Week 48 (end of maintenance period 1) were excluded from any efficacy analyses presented here. Only patients who started and stayed on the same dose were considered for the purpose of efficacy assessments.[9]

The recommended dose is 300 mg of Cosentyx by SC 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 ≥90kg.[1]

FUTURE 2: Phase III, double-blind, placebo-controlled study in which adults with active PsA were randomised to receive SC placebo or Cosentyx 300 mg and 150 mg weekly from baseline, and then every 4 weeks from Week 4. The primary endpoint was the proportion of patients achieving a ≥20% improvement in ACR20 at Week 24.[11]

In anti-TNFα inadequate responders patients, 150 mg is off-label. The licensed dose is 300 mg Cosentyx with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing.[1]

Cosentyx 75 mg is not a licenced dose for PsA.[1]

*The Getting it Right First Time (GIRFT) programme is a national NHS programme designed to improve the treatment and care of patients.[17]

ACR, American College of Rheumatology; AS, ankylosing spondylitis; DLQI, dermatology life quality index; ERA, enthesitis-related arthritis; GIRFT, Getting it Right First Time; HS, hidradenitis suppurativa; JPsA, juvenile psoriatic arthritis; LOR, loss of response; MTX, methotrexate; NICE, National Institute of Health and Care Excellence; nr-axSpA, non-radiographic axial spondyloarthritis; NNT, number needed to treat; PASI, psoriasis area and severity index; PsA, psoriatic arthritis; PsO, plaque psoriasis; SC, subcutaneous; TNFi, tumour necrosis factor inhibitor.

References

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