

Cosentyx Derm - Cosentyx in Pso - Patient Management - HCP

[Prescribing information](#)

Image



Image



Patient management and psoriatic disease

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.](#)

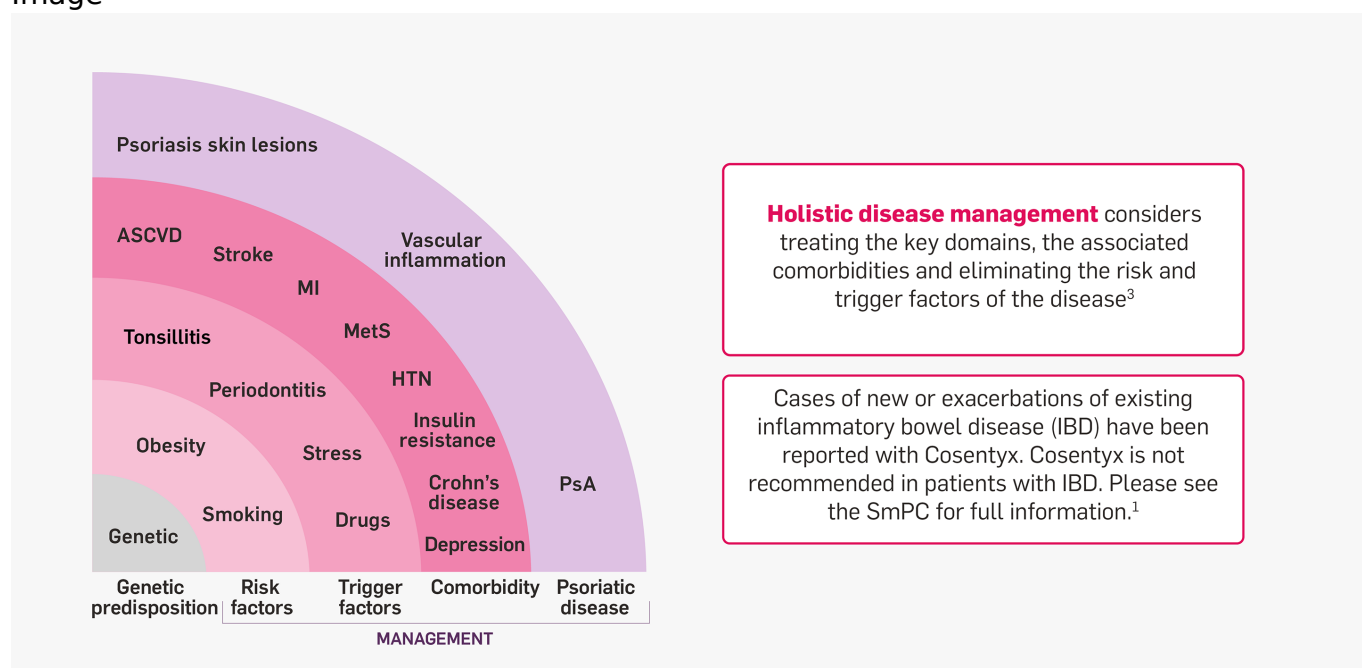
Overall management of psoriatic disease requires a holistic approach

Psoriatic disease consists of three major domains: **skin inflammation, joint involvement (PsA)** and **vascular inflammation**.² Psoriatic disease is associated with a number of **comorbidities** and can be strongly influenced by **risk and trigger factors**.³ Comorbidities and the presence of PsA are important denominators for drug selection.³

Does your treatment choice address the holistic needs of PsO?

Spheres of psoriatic disease²

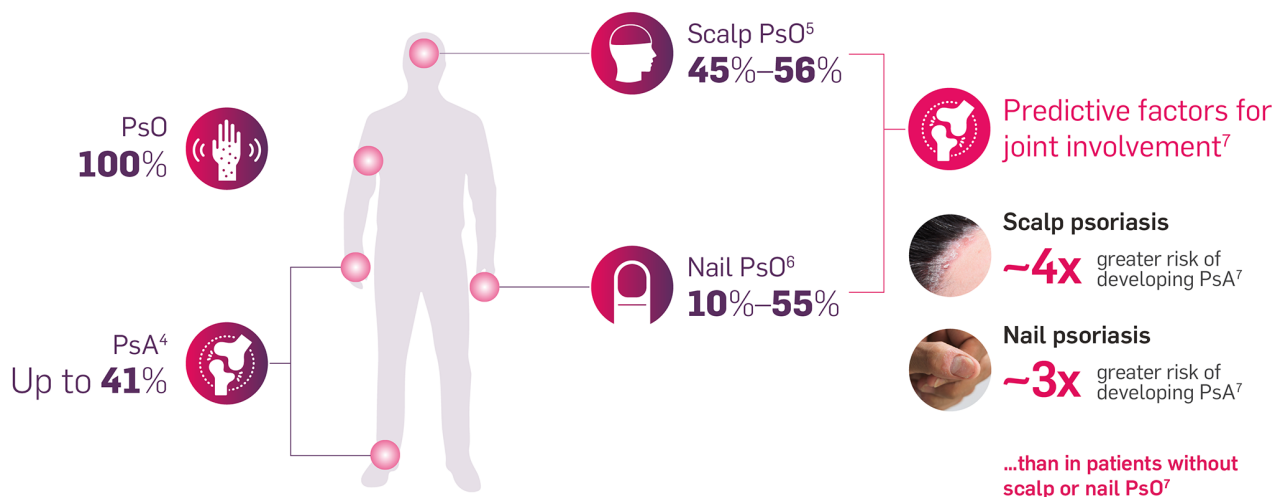
Image



Adapted from Mrowietz U, et al. 2023.²

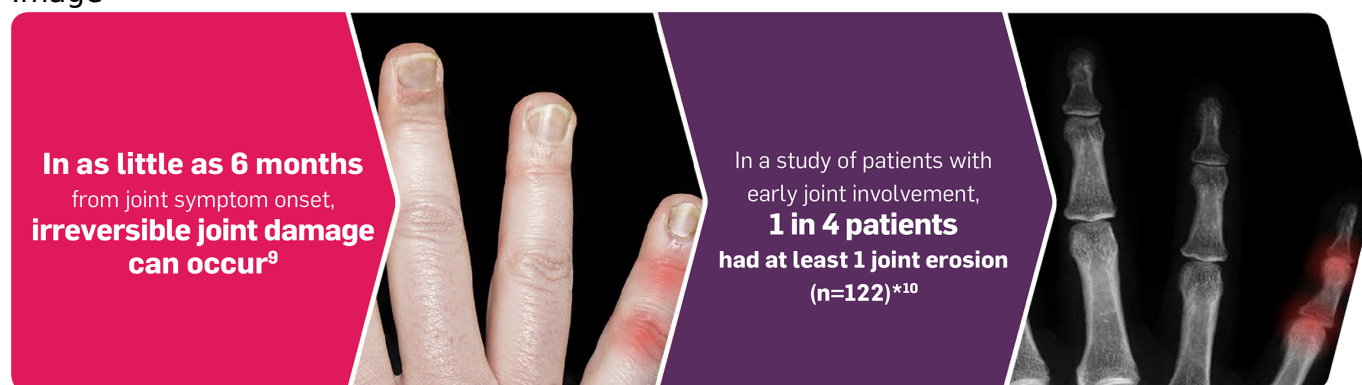
Incidence of clinical manifestations in patients with PsO⁴⁻⁷

Image



Identifying risk factors in patients with PsO is important to help delay the development of PsA joint damage^{8,9}

Image



These are representative patient images.

Find out more about the efficacy of Cosentyx in your eligible patients with PsO and PsA

[Learn more](#)

Image



Cosentyx in PsO

Image



Cosentyx in HS

Image



Heritage

Image



Safety profile

Image



Mechanism of action

Image



PsO patient impact

Therapeutic indications¹

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

*Patients with newly diagnosed, treatment-naïve PsA fulfilling the CIASsification for Psoriatic Arthritis (CASPAR) classification criteria of ≤ 5 years symptom duration (N=122) were recruited as part of the Leeds Spondyloarthropathy Register for Research and Observation and underwent conventional radiography and ultrasound examination of hands and feet.¹⁰

AS, ankylosing spondylitis; ASCVD, atherosclerotic cardiovascular disease; CASPAR, CIASsification for Psoriatic Arthritis; ERA, enthesitis-related arthritis; HS, hidradenitis suppurativa; HTN, hypertension; IBD, inflammatory bowel disease; JPsA, juvenile psoriatic arthritis; MetS, metabolic syndrome; MI, myocardial infarction; MTX, methotrexate; nr-axSpA, non-radiographic axial spondyloarthritis; PsA, psoriatic arthritis; PsO, plaque psoriasis.

References

1. Cosentyx® (secukinumab) Summary of Product Characteristics.
2. Mrowietz U, et al. *J Eur Acad Dermatol Venereol* 2023;37(9):1731–1738.
3. Mrowietz U, et al. *Exp Dermatol* 2014;23(10):705–709.
4. Singh JA, et al. *Arthritis Rheumatol* 2019;71(1):5–32.
5. Dopytalska K, et al. *Rheumatologia* 2018;56(6):392–398.
6. Oram Y, et al. *Dermatol Res Pract* 2013;2013:180496.
7. Wilson FC, et al. *Arthritis Rheum* 2009;61(2):233–239.
8. Patt YS, et al. *Clin Exp Rheumatol* 2024;42:1856–1866.
9. Haroon M, et al. *Ann Rheum Dis* 2015;74(6):1045–1050.
10. Hen O, et al. *RMD Open* 2024;10(2):e003841.

UK | June 2025 | FA-11433155

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.

Source URL:

<https://www.pro.novartis.com/uk-en/medicines/dermatology/cosentyx/pso/patient-management>