

Patient support booklet

Psoriatic Arthritis



Reporting of side effects

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack.

You can report side effects via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting side effects, you can help provide more information on the safety of your medication.

This patient support booklet has been funded and developed by Novartis Pharmaceuticals UK Ltd.

This booklet is intended for patients who have been prescribed Cosentyx[®] (secukinumab) for their psoriatic arthritis.

This booklet does not replace the Patient Information Leaflet that comes with your medicine or advice from your doctor. Always refer to the Cosentyx[®] Patient Information Leaflet for important information.

Welcome to Your Cosentyx treatment journey

You have been provided this patient booklet because you have been prescribed Cosentyx to treat your psoriatic arthritis.

This material forms part of a tailored service to support you while taking your medicine, which may include:



This patient booklet

Contains information to get going with your medicine and to help you get the most out of your treatment



Homecare

You should get Cosentyx autoinjector pens delivered straight to your door, and a home visit from a Homecare nurse



Your Homecare support line

An optional support line for arranging your medicine deliveries and Homecare nurse visits

This service is provided as part of a package deal organised and funded by Novartis Pharmaceuticals UK Ltd.

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Whatever your experience with treatments, the information in this chapter will help you to better understand your condition, what causes it and how it can be treated.

Your treatment →

This chapter explains what you need to know as you get started with your medication.

Your injections →

This step-by-step guide will take you through how to administer your medicine correctly.

Your wellbeing →

Living with a long-term condition and managing both your treatment and day-to-day life can be a challenge. The helpful hints and advice in this chapter will help you stay relaxed and in control.

Your travel plans →

This chapter contains tips for travelling with your medicine.

Your treatment diary →

As well as noting down injection days and appointments, you can use your personal diary to keep a record of your symptoms and how you are feeling. You'll be able to see changes more easily when you look back after a few weeks.

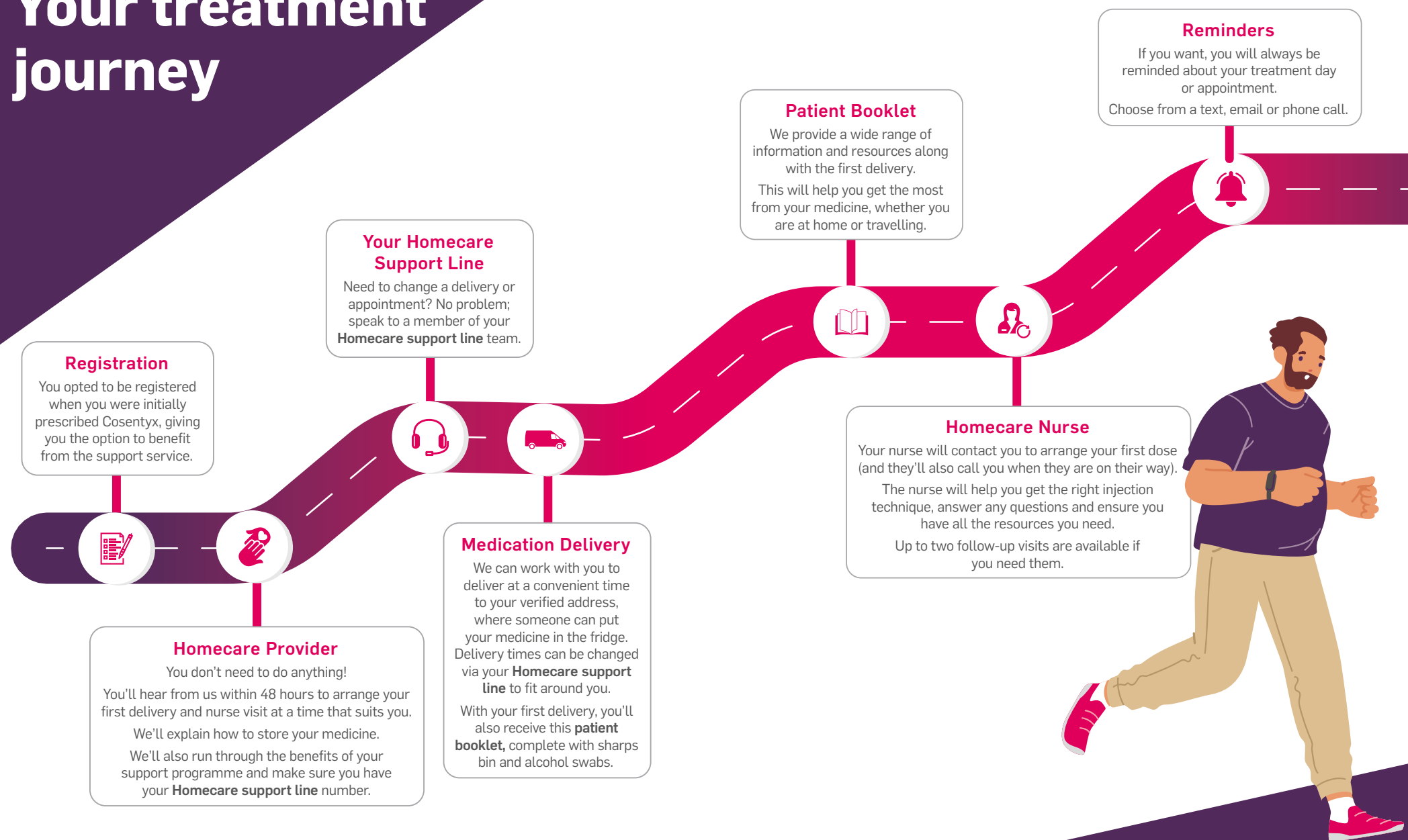
Your sources of support →

Staying on top of your condition can be easier when you know about the resources that are available to help you. 'Your sources of support' shows you where you can go for more information about your treatment and living with psoriatic arthritis.

Frequently asked questions →



Your treatment journey



How you will receive your medication

Homecare

Your **Homecare** is a service intended to make your treatment as convenient for you as possible. The service includes:

Deliveries

You will have your Cosentyx autoinjector pens delivered at a time and appropriate address that suits you. This is important because your medicine needs to be kept cool in a fridge, between **2°C and 8°C** (see the **Your treatment** chapter for more information about how to store your medicine).

If someone else is receiving your delivery for you, you should let them know that they will need to sign for it and then store it as explained above.

Call your **Homecare support line** to arrange your deliveries. We can deliver to your home, work or any other UK residential address.

On this call, you will be able to log your preference for text or email reminders. You can then receive a text or email confirming your delivery details.

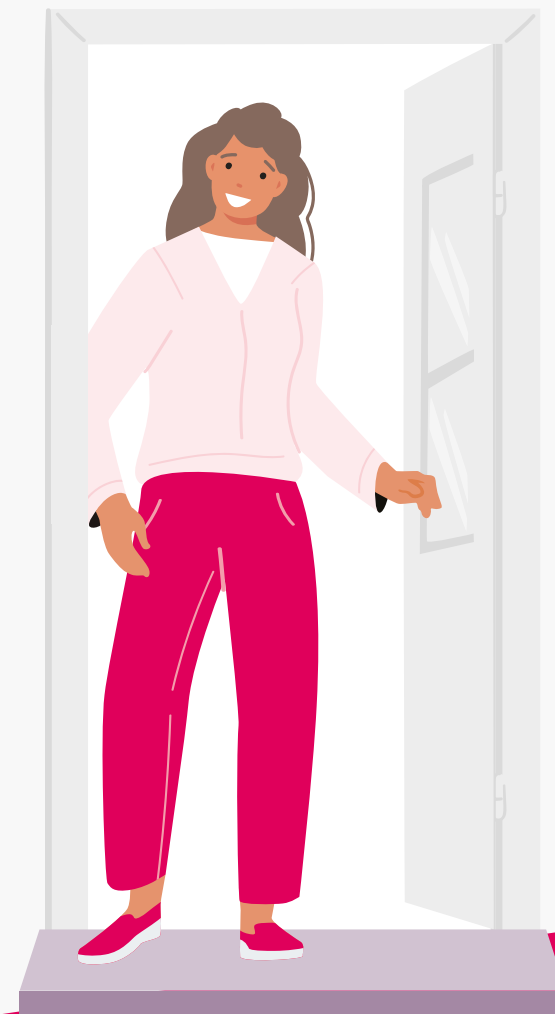
If you need to change a delivery time or location, you will need to call your **Homecare support line**.

Nurse visit

Before you begin using your medication, you will have a visit from a Homecare nurse. This will give you a chance to ask any questions you have about your medication and make sure you are completely comfortable with the self-injection technique.

Homecare support

To organise your next Homecare delivery, or if you have any questions about your next delivery or nurse visit, please call your **Homecare support line**.



Your Psoriatic Arthritis



A guide to your condition

If you've had psoriatic arthritis for a while, you may already know a lot about the condition. However, if there are aspects of psoriatic arthritis that you're not sure about, learning further could help you to feel more in control of your condition.

The information provided in this booklet is not intended to replace conversations with your doctor, but could help improve your understanding of psoriatic arthritis so that you can make the most of those conversations.

About psoriatic arthritis

What is psoriatic arthritis?

Psoriatic arthritis can make joints swollen, stiff and painful and commonly affects the fingers and toes, especially at the joints closest to the nails. Larger joints, including the spine, neck, knees and elbows, may also be involved.

About psoriatic arthritis

Who is affected by psoriatic arthritis?

Psoriatic arthritis often develops in people who already have psoriasis, a common skin condition that causes a red, scaly rash, but this is not always the case. Psoriatic arthritis is equally as common in men as women and can occur at any age, but usually develops after the age of 30.

What causes psoriatic arthritis?

In psoriatic arthritis, the immune system (the body's defence against infection and illness) becomes overactive and mistakenly produces an immune response against your own healthy cells. This results in joint inflammation, as well as overproduction of skin cells.

Psoriatic arthritis can run in families, but the exact cause is not currently known.

In people who are susceptible, a physical trauma or an infection may activate the immune system, triggering the development of the condition.

What are the symptoms of psoriatic arthritis?

Symptoms can vary over time, and you may have times when they feel more manageable than others. The main symptoms of psoriatic arthritis include:

Joint symptoms (can affect joints on just one side or on both sides of your body):

- Stiff, swollen, warm and tender joints
- Pain and swelling at the back of the heel
- Swollen fingers or toes, especially at the joints closest to the nails
- Back pain and stiffness
- Stiffness when you wake up

Skin symptoms:

- A red, scaly rash (psoriasis)

Other symptoms include:

- General tiredness
- Painful, red eyes
- Dented, discoloured or abnormal nails

Your treatment

How to use it and must knows

You have been prescribed this medicine to treat your psoriatic arthritis.

In this chapter you will find details of where you can find important information that you will need to be aware of before you start your treatment, and information on how to use and store your medicine.

The Patient Information Leaflet that comes with your medicine contains important information that you should read carefully before you start treatment and keep handy for future reference.



About your medicine

The information in the leaflet includes:

- What Cosentyx is used for
- When it should not be used
- Warnings and precautions
- Signs of infection and allergic reactions
- Using this medicine if you have (an) other condition(s)
- Dosing information
- Possible side effects

Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Very common side effects

(may affect more than 1 in 10 people) include:

- Upper respiratory tract infections with symptoms such as a sore throat and stuffy nose

Common side effects

(may affect up to 1 in 10 people) include:

- cold sores (oral herpes)
- diarrhoea
- runny nose
- headache
- nausea
- fatigue
- itchy, red and dry skin (eczema)

Serious side effects

Stop using your medication and tell your doctor or seek medical help immediately if you get any of the following side effects.

Your doctor will decide if and when you may restart the treatment.

Possible serious infection – the signs may include:

- Fever, flu-like symptoms, night sweats
- Feeling tired or short of breath, or a cough which will not go away
- Warm, red and painful skin, or a painful skin rash with blisters
- Burning sensation when passing urine

Serious allergic reaction – the signs may include:

- Difficulty breathing or swallowing
- Low blood pressure, which can cause dizziness or light-headedness
- Swelling of the face, lips, tongue or throat
- Severe itching of the skin, with a red rash or raised bumps

For more information on the possible side effects of Cosentyx, please refer to the Patient Information Leaflet included with your medicine or speak to your doctor, pharmacist or nurse.

Reporting of side effects

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack.

You can report side effects via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting side effects, you can help provide more information on the safety of your medication.



What you need to know before you use Cosentyx

Do not use Cosentyx:

- If you are allergic to secukinumab or any of the other ingredients of this medicine
- If you have an active infection which your doctor thinks is important

If you think you may be allergic, ask your doctor for advice before using Cosentyx.

Stop using Cosentyx and tell your doctor or seek medical help immediately if you notice any signs indicating a possible serious infection or an allergic reaction.

Warnings and precautions

Talk to your doctor, nurse or pharmacist before using Cosentyx:

- If you currently have an infection
- If you have long-term or repeated infections
- If you have tuberculosis
- If you have ever had an allergic reaction to latex
- If you have an inflammatory disease affecting your gut called Crohn's disease
- If you have an inflammation of your large intestine called ulcerative colitis

- If you have recently had a vaccination or if you are due to have a vaccination during treatment with Cosentyx
- If you are receiving any other treatment for psoriasis, such as another immunosuppressant or phototherapy with ultraviolet (UV) light

Tuberculosis

Talk to your doctor if you have or previously had tuberculosis. Also tell your doctor if you have recently been in close contact with someone who has tuberculosis. Your doctor will evaluate you and may do a test for tuberculosis before you use Cosentyx. If your doctor thinks you are at risk of tuberculosis, you may be given medicines to treat it. If symptoms of tuberculosis (such as persistent cough, weight loss, fatigue or mild fever) appear during treatment with Cosentyx, tell your doctor immediately.

Inflammatory bowel disease (Crohn's disease or ulcerative colitis)

Stop using Cosentyx and tell your doctor or seek medical help immediately if you notice abdominal cramps and pain, diarrhoea, weight loss, blood in the stool or any other signs of bowel problems.

Hepatitis B

Talk to your doctor if you have or previously had a hepatitis B infection. This medicine may cause a reactivation of the infection. Tell your doctor if you notice any of the following symptoms: worsening tiredness, yellowing of the skin or white part of the eyes, dark urine, loss of appetite, nausea and/or pain in the upper right side of the stomach area.

Other medicines and Cosentyx

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines
- If you have recently had or are due to have a vaccination. You should not be given certain types of vaccines (live vaccines) while using Cosentyx

Pregnancy, breastfeeding and fertility

- It is preferable to avoid the use of Cosentyx in pregnancy. The effects of this medicine in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Cosentyx and for at least 20 weeks after the last Cosentyx dose

Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.

- Talk to your doctor if you are breastfeeding or are planning to breastfeed. You and your doctor should decide if you will breastfeed or use Cosentyx. You should not do both

After using Cosentyx you should not breast-feed for at least 20 weeks after the last dose.

For more information about special warnings and precautions for use, please refer to the Patient Information Leaflet that comes with your medicine or speak to your doctor, pharmacist or nurse.

Storage and use

How to store your medication

Do not use this medicine:

- After the expiry date, which is stated on the outer box or the label on the pen after 'EXP'
- If the liquid contains easily visible particles, is cloudy or is distinctly brown

How to store this medicine:

- Store the pen sealed in its box to protect from light. Store in the refrigerator between 2°C and 8°C. Do not freeze. Do not shake
- This medicine is for single use only. Ask your pharmacist how to dispose of medicines no longer required
- If necessary, it can be left out of the refrigerator on a single occasion for up to 4 days at room temperature, not above 30°C
- Once it has been out of the refrigerator for more than 4 days, it cannot be used and should be discarded, not re-refrigerated

How to use your medication

Your doctor or rheumatologist (a doctor specialised in treating inflammatory conditions) will let you know how much you should take and for how long. Make sure you keep their treatment guidance safe so that you can refer to it in the future.

Your medication is given via injection under your skin (known as a 'subcutaneous injection'). You and your doctor will decide if you should inject yourself.

It is important not to try to inject yourself until you have been trained by your doctor, nurse or pharmacist. A caregiver may also give you your injection after adequate training.

For detailed instructions on the recommended dose, how to inject and how to store your medication, see the Patient Information Leaflet that came in the box with your medicine.

If you use more medicine than you should...

Or the dose has been administered sooner than was prescribed by your doctor, inform your doctor as soon as possible.

If you forget to use this medicine...

Inject the next dose as soon as you remember. Then talk to your doctor to discuss when you should inject the next dose.

If you stop using this medicine...

Your psoriatic arthritis symptoms may come back. Always discuss with your doctor before stopping your medicine.

Always use this medicine exactly as your doctor has told you. Check with your doctor, nurse or pharmacist if you are not sure.

Keep this medicine out of the sight and reach of children.

Your injections

A practical guide to administering your injections

You will have been prescribed either Cosentyx 150 mg or Cosentyx 300 mg. Check with your doctor if you are unsure.



Scan the QR code or click below to watch the **SensoReady 150 mg** pen instruction video

watch the video →



Scan the QR code or click below to watch the **UnoReady 300 mg** pen instruction video

watch the video →



These videos are not designed to replace the Patient Information Leaflet.

Your Cosentyx SensoReady® 150 mg pen



Cosentyx SensoReady® pen shown with the cap removed. **Do not remove the cap until you are ready to inject.**

The Cosentyx SensoReady® 150 mg pen has a cap that contains latex. If you foresee this being an issue for you, please contact your doctor.

Store your boxed pen in a refrigerator between 2°C and 8°C and out of the reach of children.

For a more comfortable injection, take the pen out of the refrigerator 15–30 minutes before injecting to allow it to reach room temperature.

- **Do not freeze** the pen
- **Do not shake** the pen
- **Do not use the pen if it has been dropped** with the cap removed

For full dosage information please see the Patient Information Leaflet.

Your Cosentyx UnoReady® 300 mg pen



Cosentyx UnoReady® pen shown with the cap on. **Do not remove the cap until you are ready to inject and do not use the pen if the seal on the outer carton is broken.**

Keep the Cosentyx UnoReady® pen in the sealed outer carton until you are ready to use it, to protect it from light.

Store your boxed pen in a refrigerator between 2°C and 8°C and out of the reach of children.

Take the pen out of the refrigerator 30–45 minutes before injecting to allow it to reach room temperature.

- **Do not freeze** the pen
- **Do not shake** the pen
- **Do not use the pen if it has been dropped** with the cap removed

For full dosage information please see the Patient Information Leaflet.



Read ALL the way through these instructions before injecting.

These instructions are to help you to inject correctly using the Cosentyx SensoReady® or UnoReady® pens.

It is important not to try to inject yourself until you have been trained by your doctor, nurse or pharmacist.

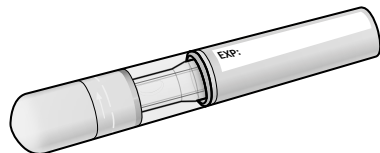


What you need for your injection:



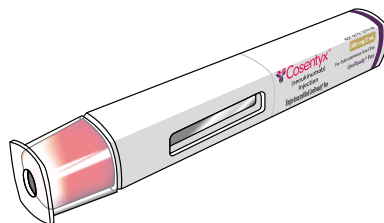
Included in the carton:

- 1 x 150 mg dose Cosentyx SensoReady® pen



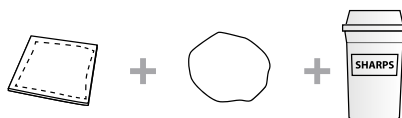
OR

- 1 x 300 mg dose Cosentyx UnoReady® pen



Not included in the carton:

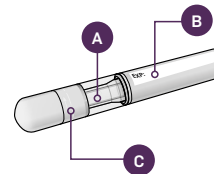
- Alcohol swab
- Cotton ball or gauze
- Sharps disposal container



Before your injection

1a

Important safety checks before you inject your SensoReady® pen:



The liquid should be clear. Its colour may vary from colourless to slightly yellow

A. Do not use if the liquid contains easily visible particles, is cloudy or is distinctly brown. You may see a small air bubble, which is normal

Look at the expiry date (EXP) on your SensoReady® pen

B. Do not use the pen if the **expiry date** has passed

C. Do not use if the **safety seal** has been broken

Check that the pen contains the correct medicine and dose

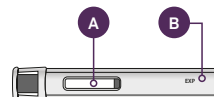
Contact your pharmacist if the pen fails any of these checks

Remember:

For a more comfortable injection, take the pen out of the refrigerator 15–30 minutes before injecting to allow it to reach room temperature

1b

Important safety checks before you inject your UnoReady® pen:



The liquid should be clear. Its colour may vary from colourless to slightly yellow

A. Do not use if the liquid contains easily visible particles, is cloudy or is distinctly brown. You may see a small air bubble, which is normal

Look at the expiry date (EXP) on your UnoReady® pen

B. Do not use the pen if the **expiry date** has passed

Check that the pen contains the correct medicine and dose

Contact your pharmacist if the pen fails any of these checks

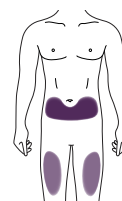
Do not use if the safety seal has been broken

Remember:

For a more comfortable injection, take the pen out of the refrigerator 30–45 minutes before injection to allow it to reach room temperature

2a

Choose your injection site:



The recommended site is the front of the thighs. You may also use the lower abdomen, but **not** the area 5 centimetres around the navel (belly button)

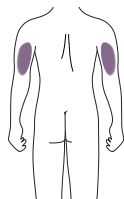
- Choose a different site each time you give yourself an injection
- Do not inject into areas where the skin is tender, bruised, red, scaly or hard. Avoid areas with scars or stretch marks



Before your injection

2b

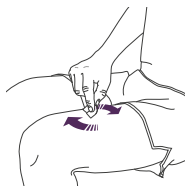
Caregivers and healthcare professionals only:



- If a caregiver or healthcare professional is giving you your injection, they may also inject into your outer upper arm

3

Cleaning your injection site:

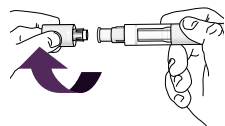


- Wash your hands with soap and hot water
- Using a circular motion, clean the injection site with the alcohol swab. Leave it to dry before injecting
- Do not touch the cleaned area again before injecting

4

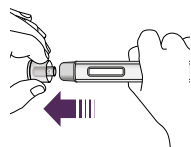
Removing the cap:

For the SensoReady® pen



- Only remove the cap when you are ready to use the pen
- **Twist** off the cap in the direction of the arrow
- Once removed, throw away the cap. Do not try to re-attach the cap
- Use the pen within 5 minutes of removing the cap

For the UnoReady® pen



- Only remove the cap when you are ready to use the pen
- **Pull** off the cap in the direction of the arrow
- Once removed, throw away the cap. Do not try to re-attach the cap
- Use the pen within 5 minutes of removing the cap



You must read this before injecting.

During the injection you will hear **two clicks**.

The **first click** indicates that the injection has started. Several seconds later a **second click** will indicate that the injection is **almost** finished.

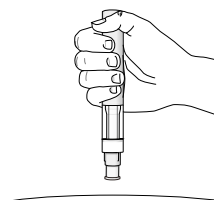
For the SensoReady® pen: You must keep holding the pen firmly against your skin until you see a **green indicator** fill the window and stop moving.

For the UnoReady® pen: You must keep holding the pen firmly against your skin until you see a **green indicator with a grey tip** fill the window and stop moving.

During your injection

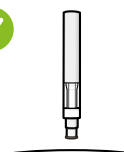
5

Holding the pen:



Holding your SensoReady® pen:

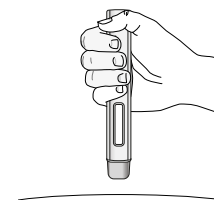
- Hold the pen at 90 degrees to the cleaned injection site



Correct



Incorrect



Holding your UnoReady® pen:

- Hold the pen at 90 degrees to the cleaned injection site



Correct



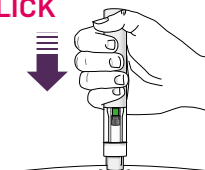
Incorrect

6

Starting your injection:

For the SensoReady® pen

1st CLICK

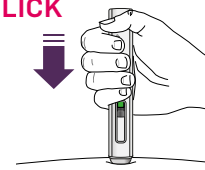


Starting your injection:

- Press the pen firmly against the skin to start the injection
- The **first click** indicates the injection has started
- **Keep holding** the pen firmly against your skin
- The **green indicator** shows the progress of the injection

For the UnoReady® pen

1st CLICK



Starting your injection:

- Press the pen firmly against the skin to start the injection
- The **first click** indicates the injection has started
- **Keep holding** the pen firmly against your skin
- The **green indicator** with the grey tip shows the progress of the injection

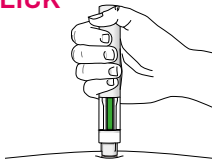


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Completing your injection:

For the SensoReady® pen

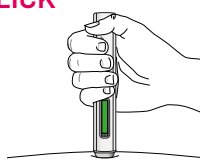
2nd CLICK



- Listen for the **second click**. This indicates the injection is **almost** complete
- Check the **green indicator** fills the window and has stopped moving
- The pen can now be removed

For the UnoReady® pen

2nd CLICK



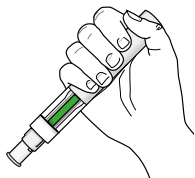
- Listen for the **second click**. This indicates the injection is **almost** complete
- Check the **green indicator** with the grey tip fills the window and has stopped moving
- The pen can now be removed

After your injection

8

Checking the pen:

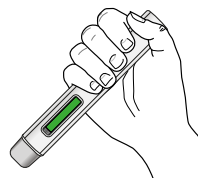
For the SensoReady® pen



Check the green indicator fills the window:

- This means the medicine has been delivered. Contact your doctor if the green indicator is not visible
- There may be a small amount of blood at the injection site. You can press a cotton ball or gauze over the injection site and hold it for 10 seconds. Do not rub the injection site. You may cover the injection site with a small adhesive bandage, if needed

For the UnoReady® pen

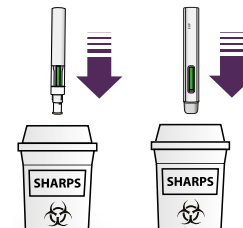


Check the green indicator with the grey tip fills the window:

- This means the medicine has been delivered. Contact your doctor if the green indicator with the grey tip is not visible
- There may be a small amount of blood at the injection site. You can press a cotton ball or gauze over the injection site and hold it for 10 seconds. Do not rub the injection site. You may cover the injection site with a small adhesive bandage, if needed

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Disposing of the pen



Disposing of the pen:

- Dispose of the used pen in a sharps disposal container (i.e., a puncture-resistant closable container, or similar)
- Never try to reuse your pen

Remember:

Take care to inject in an area different from your first injection



Your wellbeing

Tips to help with reducing the impact of your condition on everyday life

Like any long-term condition, psoriatic arthritis can have a significant impact on your everyday life. Treatment can help reduce the effects of the disease, but there are also simple things you can do to manage your condition and improve your wellbeing. This chapter contains hints and tips that may reduce the impact of psoriatic arthritis on your life.



Living with psoriatic arthritis

Tips for a healthy lifestyle

Diet

A healthy diet is always a good idea, especially in people with a long-term condition such as psoriatic arthritis.

For a healthy, balanced diet:

- Eat plenty of fruit and vegetables
- Eat wholegrain cereals
- Eat low-fat dairy products
- Choose lean meats
- Try to eat fish at least twice a week
- Cut down on foods and drinks containing added sugars
- Avoid pre-packaged convenience food and fast food
- Keep an eye on your portion size

It may be useful to keep a food diary to identify places where you could make healthier choices.

- People with psoriatic arthritis have an increased risk of osteoporosis. Make sure you get enough calcium and vitamin D

Always speak to your doctor before you try any special diets or supplements.

Smoking

There is increasing evidence that smoking can make psoriatic arthritis worse. If you smoke, consider cutting down or stopping completely – talk to your doctor or nurse for help with quitting.

Alcohol

Excessive amounts of alcohol can interfere with your response to treatment, so try and limit how much alcohol you drink.

Weight

People with psoriatic arthritis are at increased risk of developing heart disease, so maintaining a healthy weight is vital.

It's also important to avoid being overweight so you do not put extra strain on your joints.

Tips for day-to-day life with psoriatic arthritis

Relationships

- Your decision to discuss your condition is down to you and what you feel comfortable with
- It can be really helpful to let your family, friends and/or partner know how you feel – especially if psoriatic arthritis is getting you down. They may be able to offer you support
- If you are just starting a relationship, consider raising the subject of your condition with your partner sooner rather than later. This may help you feel more in control of the situation

Work

Most people with psoriatic arthritis can continue to work, but some people may need to make adjustments.

Schedule time with your manager to discuss how psoriatic arthritis may affect your working life, including doctor appointments and the use of assistive devices.

It is important to remember to make your workspace comfortable. If you sit for long periods of time, you should get up and move around regularly to reduce joint pain and stiffness.

Ask your physiotherapist for advice on simple exercises you can do at work.



Feeling down?

If you are feeling down, it's important to remember that you are not alone.

- Talk to your doctor if you are feeling down or depressed. They may be able to suggest things that can help you start to feel better
- Ask your doctor about support groups, which may help you manage your condition and feel more positive

Reducing stress

Learning to cope with stress is especially important if you have psoriatic arthritis, as feeling stressed can trigger a flare-up.

The following advice may help:

- Try to identify and reduce the impact of situations that you find stressful
- If you recognise you're feeling stressed, take conscious steps to try and relax – techniques such as deep breathing, yoga or meditation, or simply taking a break can all help to clear your mind and reduce anxiety
- Speak to your doctor about methods that could help you to manage stress

Getting the most out of treatment

To get the most out of your psoriatic arthritis treatment, it is important to take it as prescribed by your doctor.

Taking simple steps can help you integrate your treatment into your life, so it becomes part of your routine.

Enter reminders into your phone or mark your doses on your calendar to remind you when a dose is due.

If you are worried that you will forget a dose, leave notes and reminders around the house where you will see them.

Plan ahead if you are going away. If you think you will need additional doses, speak to your doctor, nurse or pharmacist in advance so that they have time to order what you need.

Your travel plans

A guide to managing your condition and treatment away from home

Everyone likes the freedom of travel, but when you have a medicine to think about, it can take a bit of forward planning.

That's why this chapter includes tips on how to travel with your medicine and ensure it's stored properly while you're away. There is also a checklist of things to do before you go.

By planning ahead and ensuring you have everything you need, you can make sure your time away goes as smoothly as possible.

When travelling, make sure you continue to dispose of your used pen in an appropriate sharps disposal container (i.e., a puncture-resistant closable container, or similar).

Checklist

A few weeks before you travel

- Get your doctor to fill out your travel certificate to confirm that you are travelling with the medicine that has been prescribed for you
- Talk to your doctor to arrange to take enough medicine with you for your trip
- Check with your pharmacist that you have everything that you need to inject (such as cotton balls, alcohol swabs, etc.)
- If you are going on a long-haul flight, speak with your airline to let them know you that you will need to store your medicine in the fridge on the plane (not the freezer) to make sure it is kept at the right temperature
- Calculate when your next dose is due. Your medication can be left out of the refrigerator on a single occasion for up to 4 days at room temperature, not above 30°C. If your dose is due within 4 days of travel, it does not need to be refrigerated or carried in a cool pack unless temperatures may go above 30°C
- Ring your place of accommodation to check that there is a refrigerator available for you to use

A couple of days before you travel

- Put cotton balls or gauze, and alcohol swabs into your travel pack; you will need these in addition to your Cosentyx pen(s)
- Speak with your doctor or pharmacist about how to transport your medicine

Before you leave home

- Make sure you have your travel certificate or a copy of your prescription
- If you are flying, pack your medicine in your hand luggage, as it may freeze in the luggage hold

At the airport

- Let airport security know you are carrying injectable medication before they scan your bag
- Keep your prescription and travel certificate handy

Your travel certificate

For air travel with Cosentyx, tear off the slip and ask your doctor to fill in their details prior to your trip. This can be shown to airport staff when taking your treatment through security, as you will need to carry this in your hand luggage.

Quick facts

- While travelling, your medication should be kept cool, between 2°C and 8°C
- You should not freeze your medicine or use freezer packs
- If necessary, it can be left out of the refrigerator on a single occasion for up to 4 days at room temperature, not above 30°C
- Once it has been out of the refrigerator for more than 4 days, it cannot be used and should be discarded, not re-refrigerated



Travel certificate

Patient name:

I confirm that the patient named above has been prescribed Cosentyx[®] (secukinumab).

Physician name:

Signature:

Date:

Contact number:

This resource is intended for patients who have been prescribed Cosentyx[®] (secukinumab) for their psoriatic arthritis.

Always refer to the Cosentyx Patient Information Leaflet for important information.

This resource has been produced and funded by Novartis Pharmaceuticals UK Ltd.

Reporting of side effects

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse.

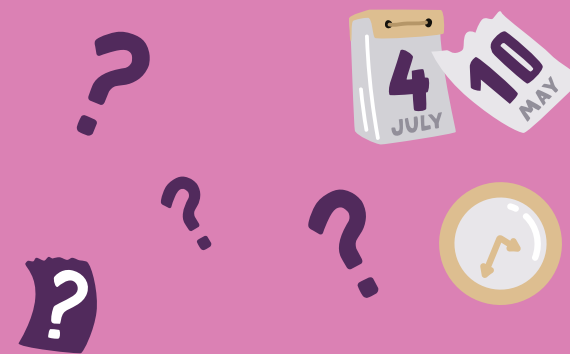
This includes any possible side effects not listed in the information leaflet that comes in the pack.

You can report side effects via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting side effects, you can help provide more information on the safety of your medication.

Your treatment diary

A handy tool to track your symptoms, injections and feelings

Track your injection days and monitor your psoriatic arthritis symptoms and feelings.



This resource has been produced and funded by Novartis Pharmaceuticals UK Ltd.

Using this diary

To ensure you are getting the most out of your treatment, it is important that you follow your dosing schedule exactly as prescribed and as laid out in the Patient Information Leaflet included in your package of medication.

This diary can help you to keep track of your injection schedule and appointments. It also includes pages for you to make a note of your symptoms and how your psoriatic arthritis affects your ability to do everyday tasks.

This diary is to help you, and you are not required to share it with your doctor. However, the notes you make will help you remember how you have been feeling when you are talking to your doctor.

Reporting of side effects

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack. You can report side effects via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard.

By reporting side effects, you can help provide more information on the safety of your medication.

Fill in your injection date to help you remember to take your medication regularly.

Keep track of how easy you find everyday tasks over time.

Mark on the diagrams where you have joint pain or psoriasis plaques, so you have a record of your symptoms.

Make notes or comments about how you're feeling or any effects of your treatment – this will help you remember everything when you're talking with your doctor.

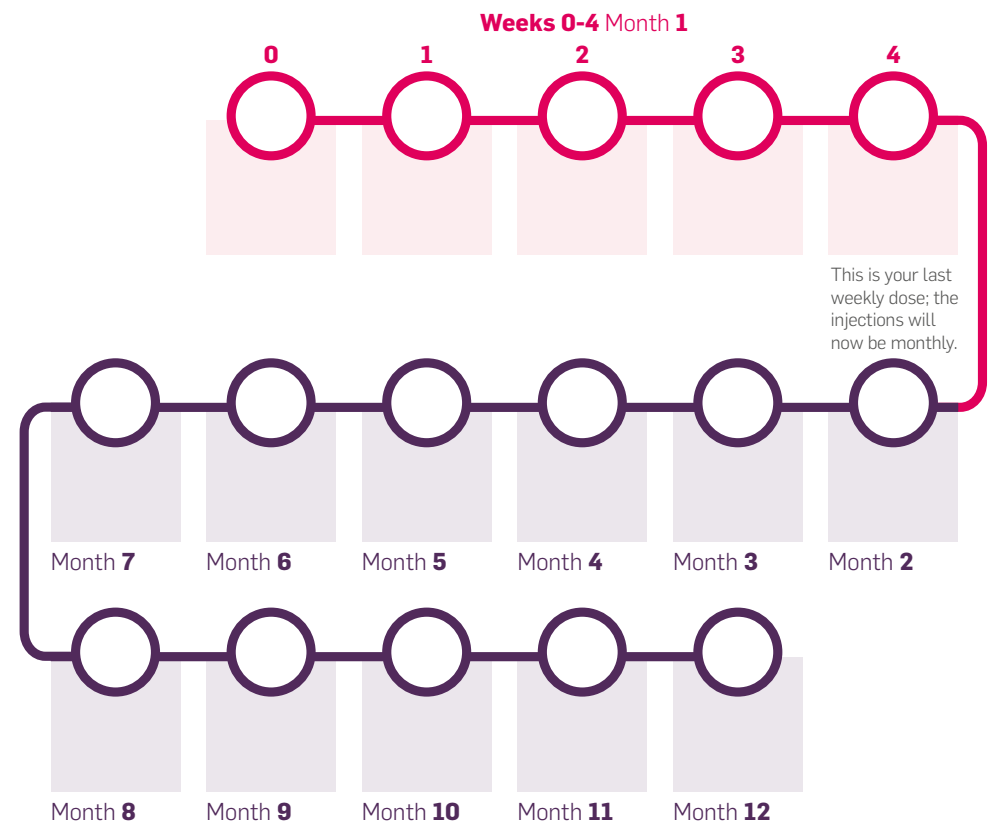
Dosing diary

Keep track of your Cosentyx treatment using the dosing schedule below.

Cosentyx is administered by a subcutaneous injection. There is an initial dosing phase, where you will take a dose weekly for 5 weeks. After this phase, you will take monthly doses.

Tick the circle when you've had your treatment on the planned date.

Your healthcare professional has already entered your planned injection dates here.



After Month 12, treatment continues once monthly. Consult your healthcare professional for further planned injection dates.

Week 0 (Dose 1)

Injection date:

Please fill out the following diary a week after your first dose of treatment, before taking your second dose.

Pain and plaques

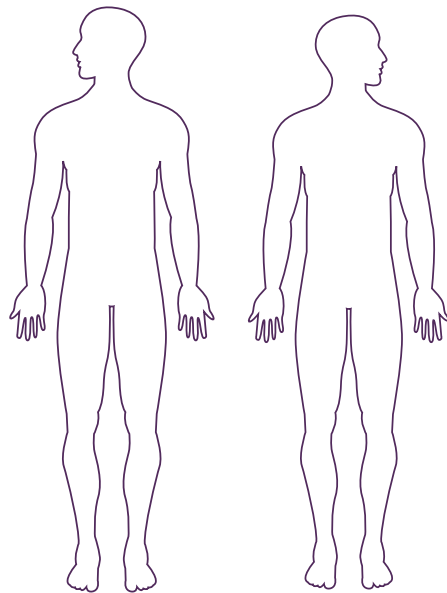
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past week.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

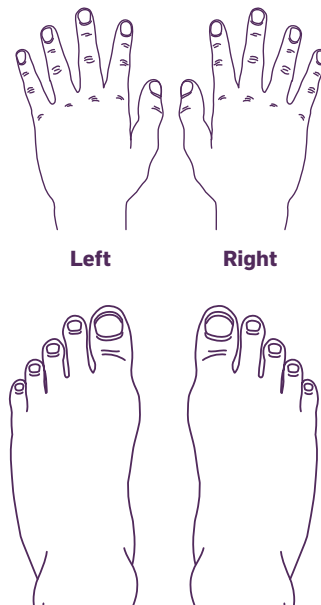


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Week 1 (Dose 2)

Injection date:

Please fill out the following diary a week after your second dose of treatment, before taking your third dose.

Pain and plaques

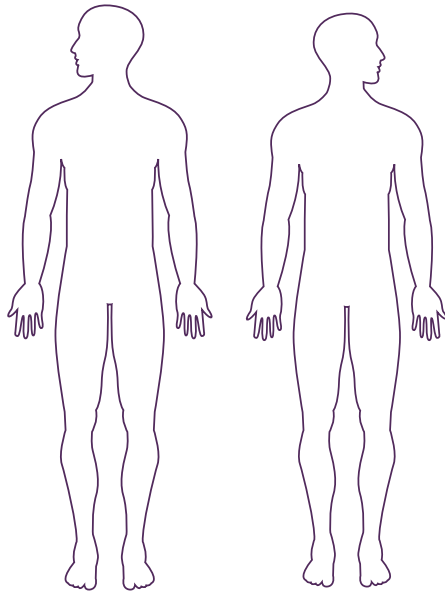
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past week.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

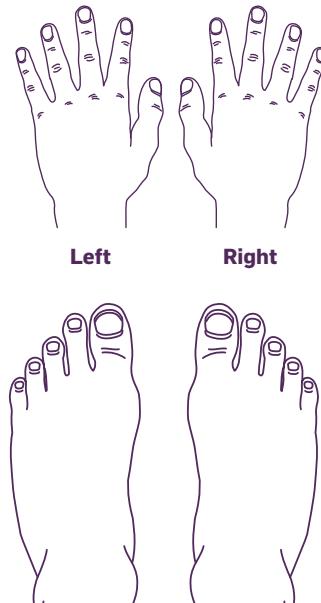


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Week 2 (Dose 3)

Injection date:

Please fill out the following diary a week after your third dose of treatment, before taking your fourth dose.

Pain and plaques

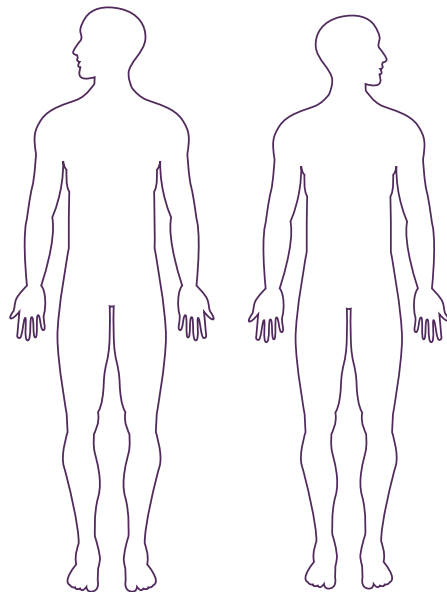
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past week.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

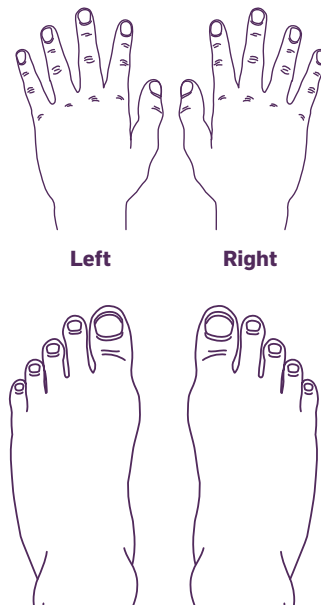


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Week 3 (Dose 4)

Injection date:

Please fill out the following diary a week after your fourth dose of treatment, before taking your fifth dose.

Pain and plaques

Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past week.

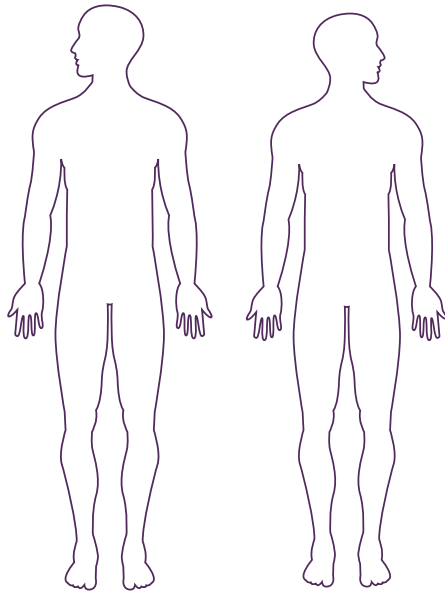
Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain Severe pain

0 1 2 3 4 5 6 7 8 9 10

Where are your skin plaques?

Mark any areas where you have plaques with an X.

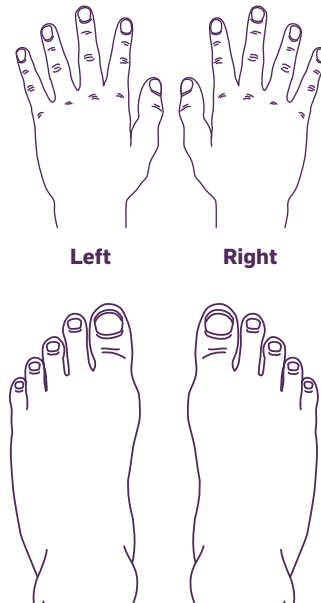


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Rising

Are you able to get in and out of bed?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Walking

Are you able to climb up five steps?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Grip

Are you able to turn taps on and off?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

Without **ANY** difficulty With **SOME** difficulty With **MUCH** difficulty **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Week 4 (Dose 5)

Injection date:

Please fill out the following diary a week after your fifth dose of treatment.

Pain and plaques

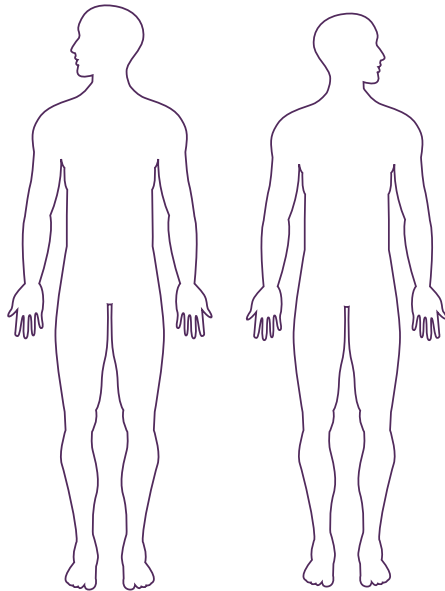
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past week.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

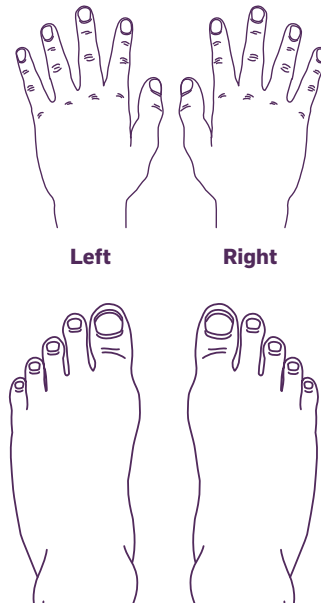


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Month 2 (Maintenance dose 1)

Injection date:

Please fill out the following diary after two months of treatment.

Pain and plaques

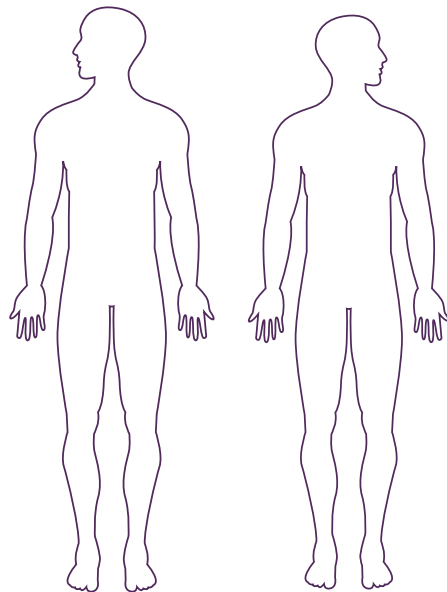
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past month.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

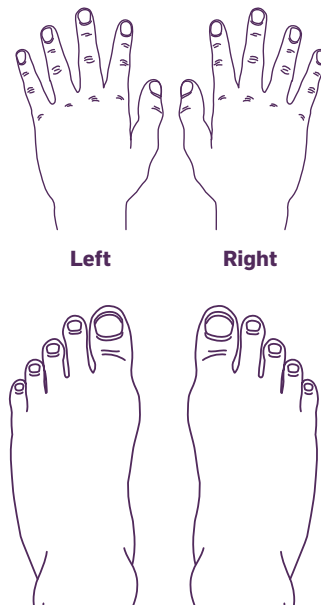


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Month 3 (Maintenance dose 2)

Injection date:

Please fill out the following diary after three months of treatment.

Pain and plaques

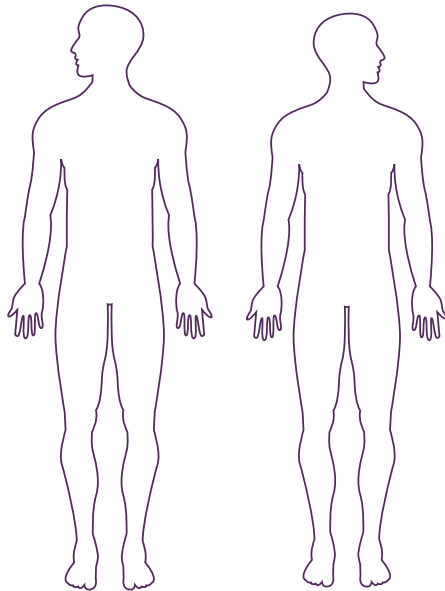
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past month.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

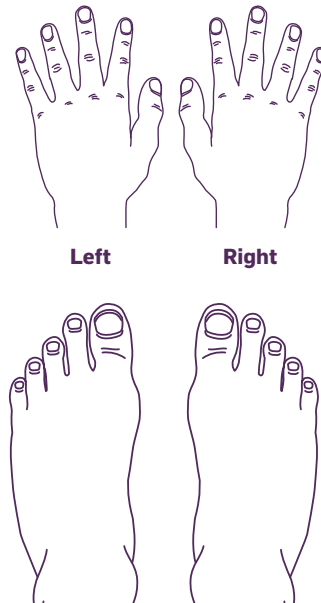


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Month 4 (Maintenance dose 3)

Injection date:

Please fill out the following diary after four months of treatment.

Pain and plaques

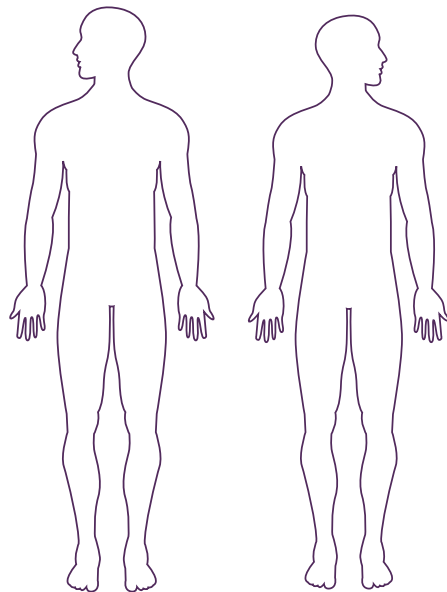
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past month.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

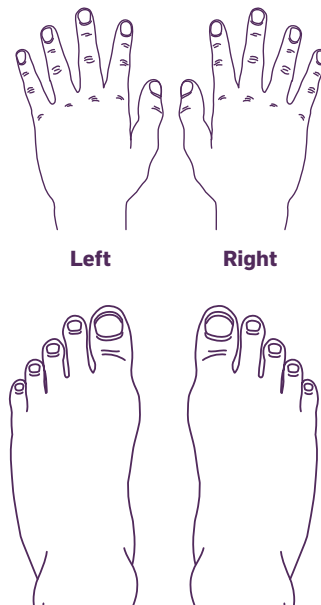


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Month 5 (Maintenance dose 4)

Injection date:

Please fill out the following diary after five months of treatment.

Pain and plaques

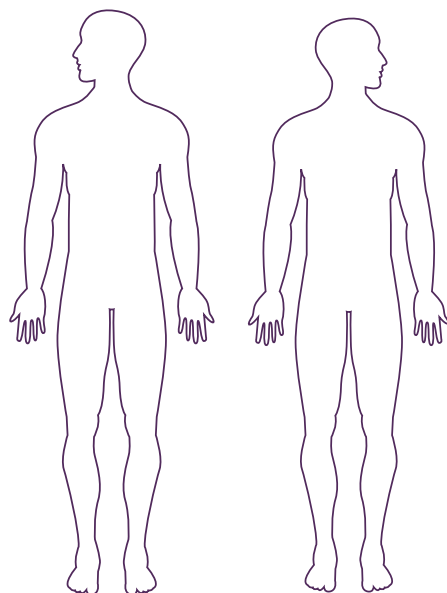
Please indicate the overall level of pain or discomfort that you have felt with your psoriatic arthritis during the past month.

Overall, how much pain have you felt because of your psoriatic arthritis over the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Where are your skin plaques?

Mark any areas where you have plaques with an X.

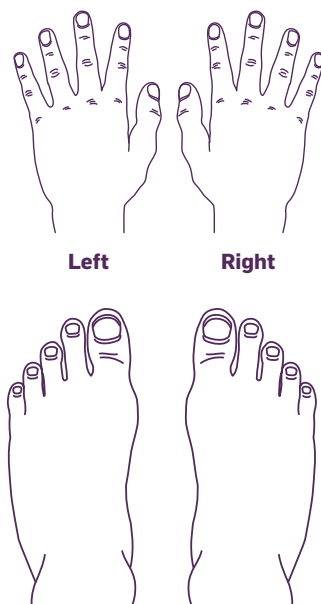


Front

Back

Where is your joint pain?

Mark the joints where you feel pain with a circle.



Left

Right

Left

Right

Daily activities

Please tick the one that best describes your usual abilities over the past week:

Dressing and grooming

Are you able to dress yourself, including tying shoelaces and doing buttons?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Eating

Are you able to lift a full cup or glass to your mouth?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to walk outdoors on flat ground?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Reach

Are you able to bend down to pick up clothing off the floor?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Rising

Are you able to get in and out of bed?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Hygiene

Are you able to wash and dry your entire body?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Walking

Are you able to climb up five steps?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Grip

Are you able to turn taps on and off?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Activities

Are you able to do chores such as vacuuming, housework and light gardening?

☐ Without **ANY** difficulty ☐ With **SOME** difficulty ☐ With **MUCH** difficulty ☐ **UNABLE** to do

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

Useful contact information

Fill in this page to keep a useful record of important contact information.

Nurse's name:

Email:

Phone number:

Address:

Doctor's name:

Email:

Phone number:

Address:

Pharmacist's name:

Email:

Phone number:

Address:

Notes:

Your sources of support

A guide to where you can go for more information about your treatment and living with psoriatic arthritis

Staying on top of your condition can be easier when you know about the resources that are available to help you. Finding support from others who understand how you feel and what you are going through can also help you cope if you are finding things difficult. This chapter provides information on a range of groups and initiatives set up to help manage life with psoriatic arthritis and its treatment.



Support

Support groups

There are a number of national groups and initiatives that you could get involved with.

If you are not sure if there is a support group in your area, talk to your doctor or nurse to find out if one is available, or check noticeboards in health centres and pharmacies. If you find there isn't a support group locally, you could think about starting one yourself.

You may find some useful information on the following websites:*



Psoriasis and Psoriatic Arthritis Alliance (PAPAA) website:

www.papaa.org



Versus Arthritis website:

www.versusarthritis.org

Novartis is not responsible for the content/information provided on these websites.

Established social media groups and communities may provide additional sources of online support and information.

Support with treatment

For medical advice or side effect questions

Talk to your doctor, pharmacist or nurse. This includes queries on any possible side effects not listed in the Patient Information Leaflet that came in the Cosentyx box.

Support group benefits

- Increase your self-confidence and reduce feelings of isolation
- Chance to talk with and learn from other people with first-hand experience of living with psoriatic arthritis
- Opportunity to help others by sharing your experience

For prescription questions

Contact your doctor or pharmacist.

For Homecare service and delivery questions

Call your **Homecare support line**.

Please see the leaflet provided with your patient booklet for details.



*These websites were accessed in August 2025.

Frequently asked questions

How do I take my medication?

Cosentyx is given via an injection under your skin (subcutaneous injection). Injections are given using the Cosentyx SensoReady® or UnoReady® pens.

How long can I store my medication for?

Do not use the pen after the expiry date which is stated on the outer box or the label on the pen after 'EXP'.

Ask your pharmacist how to dispose of medicines that you no longer require.

What should I do if I notice that the liquid in my Cosentyx autoinjector pen is cloudy?

Do not use the Cosentyx autoinjector pen if the liquid contains easily visible particles, is cloudy or is distinctly brown.

What should I do if the Cosentyx autoinjector pen doesn't work?

If you think your pen is not working correctly or are unsure whether you have correctly injected using the pen, please contact your doctor or pharmacist.

What should I do with the Cosentyx autoinjector pen after I take my medication?

Dispose of the used pen in a sharps disposal container (i.e., a puncture-resistant closable container, or similar).

Never try to reuse your pen.

Do not throw away any medicines via waste water. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

What should I do if I use more medication than I should or administer a dose of medication before my scheduled injection date?

If you have injected more medication than you should or the dose has been administered sooner than according to your doctor's prescription, speak to your doctor as soon as possible.

What should I do if there is a spot of blood at the injection site?

There may be a small amount of blood at the injection site. You can press a cotton ball or gauze over the injection site and hold it for 10 seconds. Do not rub the injection site. You may cover the injection site with a small adhesive bandage, if needed.

What should I do if I forget to inject my treatment?

If you have forgotten to inject a dose of medication, inject the next dose as soon as you remember. Then talk to your doctor to discuss when you should inject the next dose.

How long does treatment with Cosentyx last?

Your doctor will decide how much medication you need and for how long.

Cosentyx is for long-term treatment. Your doctor will regularly monitor your condition to check that the treatment is having the desired effect.

Can I take other medications while being treated with Cosentyx?

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines
- If you are due to have a vaccination. You should not be given certain types of vaccines (live vaccines) while using Cosentyx

What should I do if I stop using my medication?

It is not dangerous to stop using Cosentyx. However, if you stop, your symptoms may come back.

If you have any other questions about your medication, please speak to your doctor, nurse or pharmacist.

The Patient Information Leaflet is the leaflet included in the pack with the medicine. It contains important information about your medication.

A feature that a person feels or experiences that may indicate that they have a disease or condition.

Notes

Make a note of any thoughts or feelings you consider important, or any questions or concerns you want to ask your doctor about at your next appointment.

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