

Patient support booklet

Plaque Psoriasis



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 psoriasis.

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 plaque psoriasis.

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.

Contents

Your treatment journey

Your Plaque Psoriasis

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

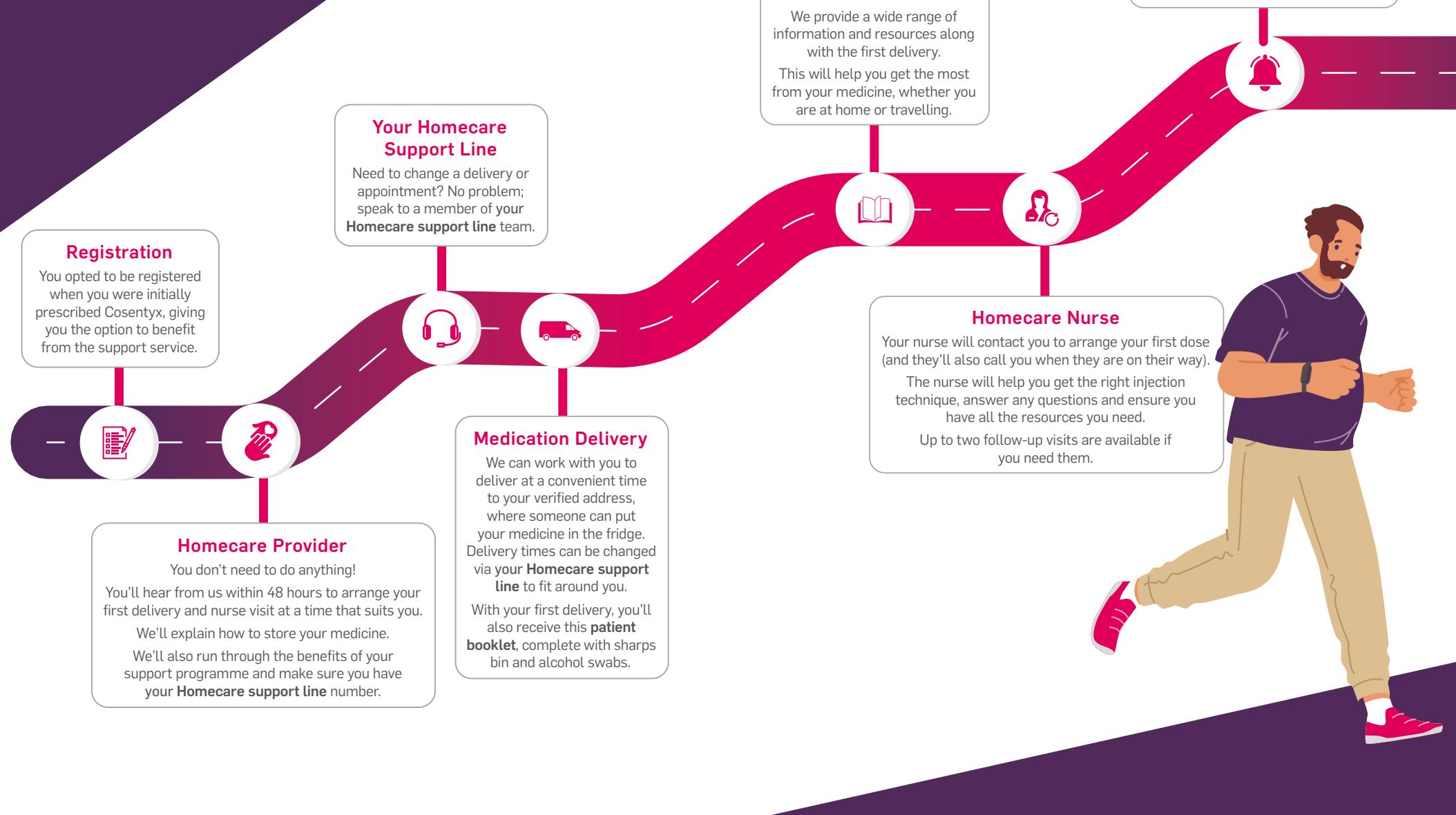
As well as noting down injection days and appointments, you can use your personal diary to keep a record of your symptoms and how you are feeling. You'll be able to see changes more easily when you look back after a few weeks.

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 psoriasis.

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 Plaque Psoriasis



A guide to your condition

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

About psoriasis

What is plaque psoriasis?

Psoriasis is a non-contagious skin condition that affects around 1–3% of the population in the UK.

Psoriasis affects men and women equally and, although it can occur at any age, most often develops in people under 40. The number of people affected by psoriasis varies between countries due to climate and ethnicity. The most common form is plaque psoriasis, which appears as raised pink or red patches (plaques), covered with silvery-white scales.

About psoriasis

Severity of psoriasis often varies over time and between people. Psoriasis can appear on any part of the body (including the scalp, hands, feet and nails) and plaques may vary in size and number.

Psoriasis plaques may be painful and in severe cases, may even crack and bleed.

Psoriasis can also have an emotional impact.

While you probably already know a lot about your plaque psoriasis, learning further may help you feel more in control of the condition.

What causes psoriasis?

Normally, skin cells move slowly from the deeper layers of the skin towards the upper layers, until they're eventually shed from the surface. This process usually takes between 3 and 4 weeks.

In psoriasis, overactivity of the immune system (the body's defence against foreign substances and organisms) causes this process to speed up, so it takes just 3 to 4 days. This means that skin cells build up on the surface of the skin, leading to inflammation (redness) around the affected area.

How is the severity of psoriasis assessed?

The severity of your psoriasis will influence the treatments you are prescribed. While there are several tools available, your doctor may not use all of these scales. Knowing what you score on one or two of them will be enough for your doctor.

Psoriasis area and severity index (PASI)

PASI examines the area of the body covered by psoriasis, as well as the redness, thickness and scaliness of the plaques. PASI is scored out of 72, with higher scores reflecting more severe disease. Scores above 40 are rare.

A PASI score should be calculated by a healthcare professional, so speak to your doctor or dermatologist if you would like to find out your PASI score.

Body surface area (BSA)

BSA of involvement is the percentage of the body that is covered with psoriasis. This is often estimated with the naked eye.

Dermatology life quality index (DLQI)

Your doctor may also consider the effect that your psoriasis has on your daily life. The DLQI is a questionnaire that examines the effect that psoriasis has on day-to-day activities, clothing, leisure, work and school, personal relationships and treatment. You can complete the DLQI yourself at home. The DLQI is scored from 0 to 30, with higher scores reflecting a greater effect of psoriasis on your life.

Your treatment

How to use it and must knows

You have been prescribed this medicine to treat your moderate to severe plaque psoriasis.

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 breastfeed 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



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

How to use your medication

Your doctor or dermatologist (a doctor specialised in treating skin, hair and nail 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 psoriasis 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.

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 full dosage information please see the Patient Information Leaflet.

Your Cosentyx UnoReady® 300 mg pen



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

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.

For full dosage information please see the Patient Information Leaflet.

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



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.

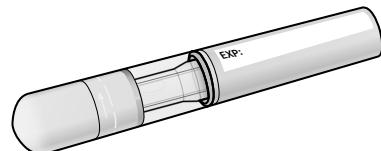
It is important not to try to inject yourself until you have been trained by your doctor, nurse or pharmacist.

What you need for your injection:

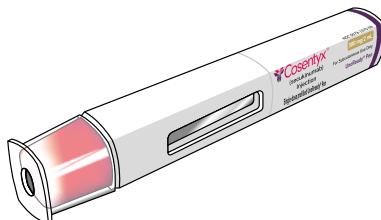


Included in the carton:

- 1 x 150 mg dose Cosentyx SensoReady® pen



OR

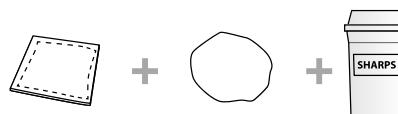


- 1 x 300 mg dose Cosentyx UnoReady® pen



Not included in the carton:

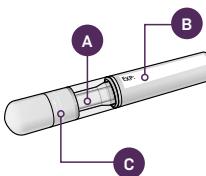
- Alcohol swab
- Cotton ball or gauze
- Sharps disposal container



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

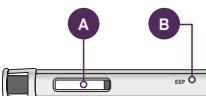
- A. Do not use** if the liquid contains easily visible particles, is cloudy or is distinctly brown. You may see a small air bubble, which is normal. Look at the expiry date (EXP) on your SensoReady® pen
- B. Do not use** the pen if the **expiry date** has passed
- C. Do not use** if the **safety seal** 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

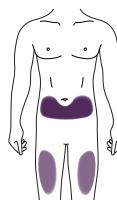
- A. Do not use** if the liquid contains easily visible particles, is cloudy or is distinctly brown. You may see a small air bubble, which is normal. Look at the expiry date (EXP) on your UnoReady® pen
- B. Do not use** the pen if the **expiry date** has passed. Check that the pen contains the correct 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)

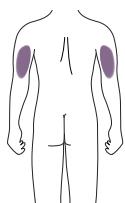
- Choose a different site each time you give yourself an injection
- Do not inject into areas where the skin is tender, bruised, red, scaly or hard. Avoid areas with scars or stretch marks



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:

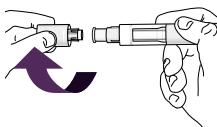


- Wash your hands with soap and hot water
- Using a circular motion, clean the injection site with the alcohol swab. Leave it to dry before injecting
- Do not touch the cleaned area again before injecting

4

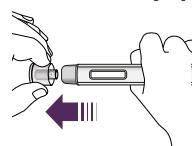
Removing the cap:

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.

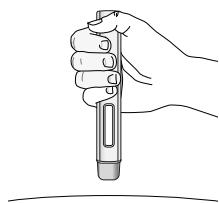
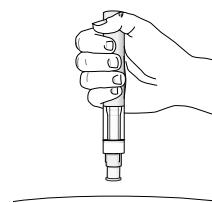
For the SensoReady® pen: You must keep holding the pen firmly against your skin until you see a **green indicator** fill the window and stop moving.

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



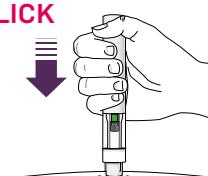
Incorrect

6

Starting your injection:

For the SensoReady® pen

1st CLICK

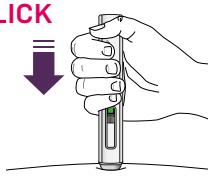


Starting your injection:

- 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 a grey tip** shows the progress of the injection

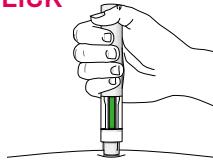


7

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

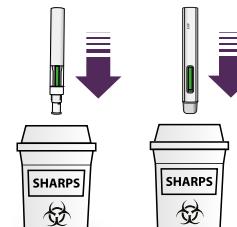
2nd CLICK



- 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

9

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

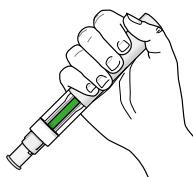
Remember:

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

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

Your wellbeing

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

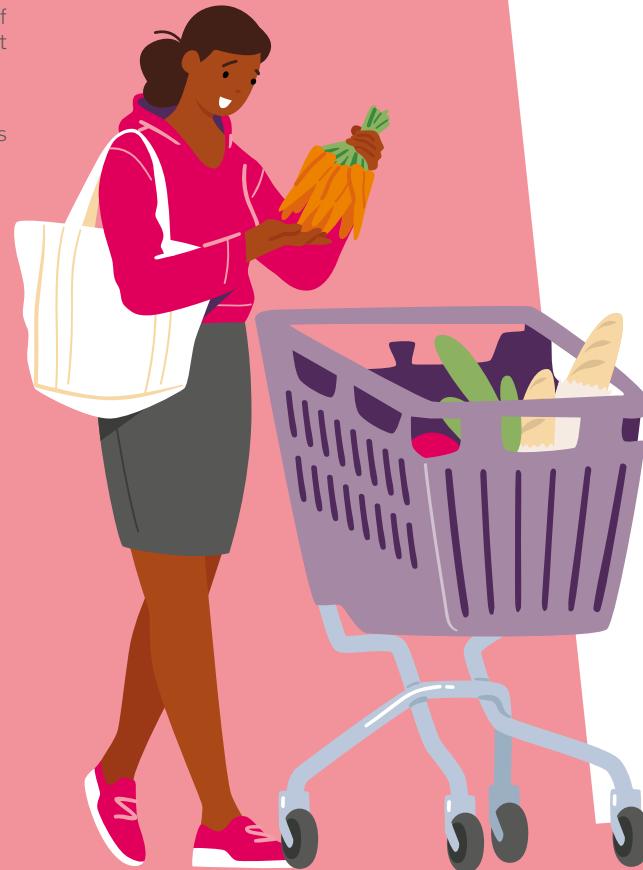
By now you probably have a good understanding of how psoriasis affects you on a daily basis – not just in terms of your skin but also the way you feel.

Starting a different treatment for your plaque psoriasis may be a good time to look at other parts of your lifestyle to see what you can do to reduce the impact psoriasis has on your life.

Treatment of plaque psoriasis requires patience and time.

Adopting a healthy lifestyle and recognising the external triggers for your psoriasis can help you manage your condition and help improve your overall wellbeing.

This chapter contains hints and tips that may reduce the impact of plaque psoriasis on your life.



Living with psoriasis

Managing emotions

Reducing stress

Learning to cope with or reduce stress is valuable, as stress is a common trigger for flare-ups. Look out for signs of stress such as anxiety, short temper, or problems with sleep, appetite or concentration.

- Try to identify and reduce the impact of stressful situations that have caused your psoriasis to flare in the past
- If you're feeling stressed, stop for a few minutes, take a deep breath and try to relax
- Don't be tempted to turn to drinking or smoking
- Speak to your doctor about any relaxation techniques you would like to try, such as deep breathing, yoga or meditation, or other methods that could help you to manage stress

Feeling down?

If you feel down for more than a short time, this could be depression. Two-thirds of people with psoriasis suffer from depression.

- Talk to your doctor if you are feeling down or depressed. They may suggest things that can help you start to feel better
- If your psoriasis contributes to your depression, ask your doctor about support groups

Diet, lifestyle and exercise

Diet

Having psoriasis may slightly increase the risk of developing both heart disease and diabetes, so it is important to aim for a healthy diet and lifestyle to minimise your risk of these conditions.

Try keeping a food diary for a couple of weeks to see if you can identify where you could make healthier choices.

- Think about the types of fat that you eat and cook with – cut back on saturated fats (such as butter and vegetable oil), and instead use olive oil and low-fat dairy products
- Aim to eat more vegetables, fruit and wholegrain cereals
- Eat oily fish at least twice a week
- Choose lean meats and poultry without skin
- Avoid pre-packaged convenience food and fast food, which can often contain hidden calories and high levels of fat and salt
- Keep an eye on your portion size
- Drinking excessive amounts of alcohol can make psoriasis worse and interfere with your response to treatment, so aim to drink only in moderation

Smoking

- There is increasing evidence that smoking can make psoriasis worse. If you smoke, maybe now is the time to talk to your doctor or pharmacist for advice on quitting for good

Tips for day-to-day life with psoriasis

Exercise

Exercise is not only good for fitness and strength, it's also a great stress-buster.

Regular exercise can also help you maintain a healthy weight and may reduce your risk of heart disease and diabetes.

There are lots of different types of exercise to choose from. You could try:

- Walking
- Dancing
- Yoga
- Badminton
- Downhill skiing

If it's been a while since you've done any exercise, speak to your doctor or nurse before starting, then begin slowly and build up over time.

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 psoriasis 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 and psoriasis

If you have visible plaques, it's natural that potential employers or your colleagues will notice them, so you may want to consider:

- Briefly explaining that you have psoriasis at the outset of a new job or meeting with new people
- Educating your employers and colleagues about psoriasis
- Talk to your employer about specific challenges (such as using chemicals, wearing gloves or the need for frequent hand washing)
- Your decision to discuss your psoriasis with potential employers or colleagues is down to you and what you feel comfortable with. Your success in job interviews or career progression should be based on your abilities and skills, not your psoriasis

Taking your treatment as prescribed to get the most benefit

- Programme dose reminders into your phone, mark your doses on your calendar, or try leaving notes and reminders around the house where you will see them
- If you are going away, plan ahead. If you think you will need additional doses, speak to your doctor, nurse or pharmacist in advance so they have plenty of time to order what you need

See the Your travel plans chapter for tips about taking your treatment with you when you travel.



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 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

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 plaque psoriasis.

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 psoriasis 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's important to follow your dosing schedule exactly as you have been prescribed by your doctor.

To help you do this, this diary includes pages for you to keep track of your injections, upcoming appointments and Homecare deliveries.

There is also space to record any thoughts or feelings you have about your treatment.

Remember, if you notice your symptoms getting worse, you should speak to your doctor, nurse or pharmacist.

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

Week 0 (Dose 1)

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

Notes: Any notes, thoughts or feelings you consider important

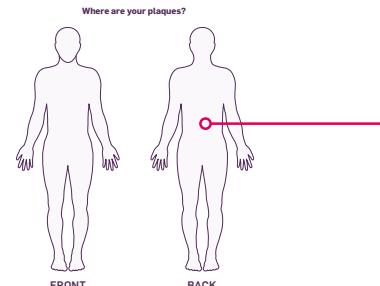
Make notes or comments about how you're feeling or any effects of your treatment – this will help you remember everything when you're talking with your doctor.

Injection date:

Where are your plaques?

FRONT BACK

Are there any questions you want to ask your doctor?



Reporting of side effects

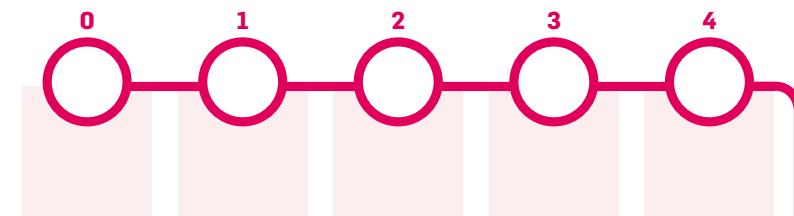
If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack. You can report side effects via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting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

Dosing diary

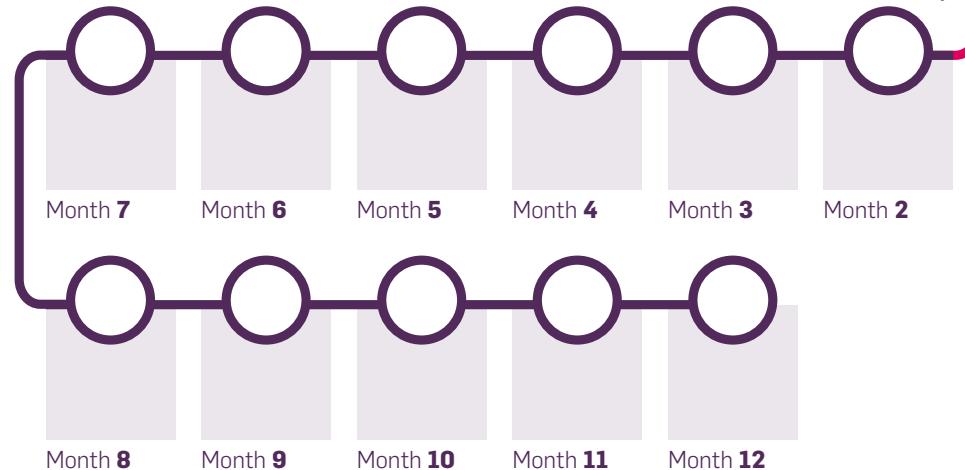
Keep track of your Cosentyx treatment using the dosing schedule below.

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.

Week 1-4 Month 1



This is your last weekly dose; the injections will now be monthly.



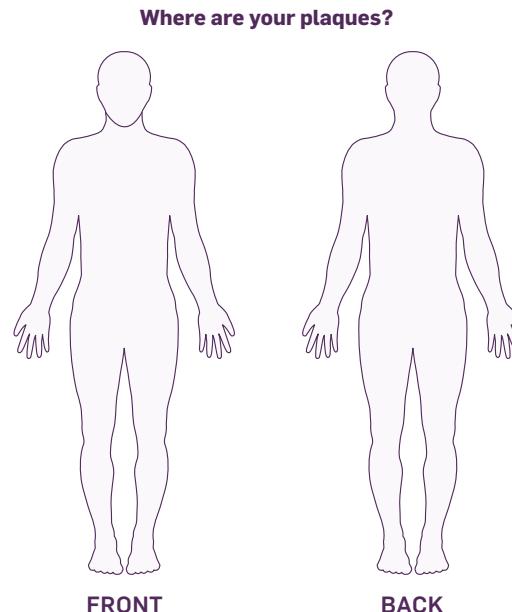
After Month 12, treatment continues once monthly. Consult your healthcare professional for further planned injection dates.

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.

Notes: Any notes, thoughts or feelings you consider important.



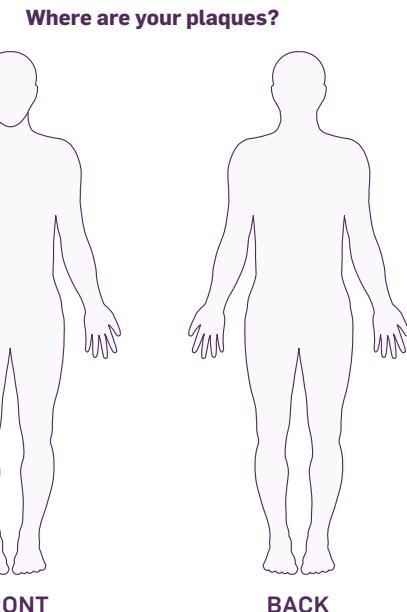
Are there any questions you want to ask your doctor?

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.

Notes: Any notes, thoughts or feelings you consider important.



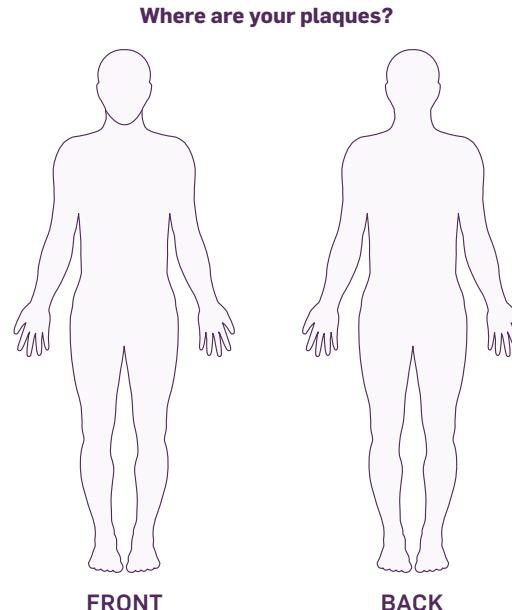
Are there any questions you want to ask your doctor?

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.

Notes: Any notes, thoughts or feelings you consider important.



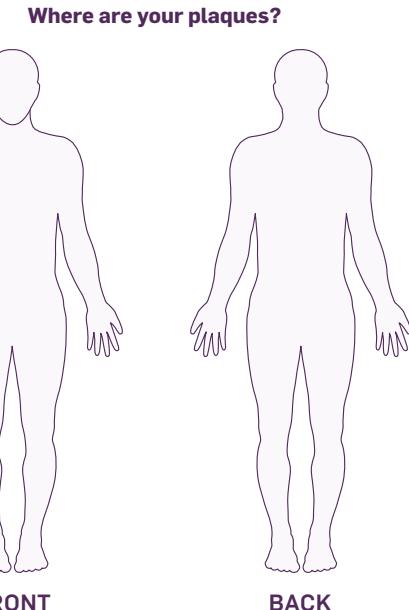
Are there any questions you want to ask your doctor?

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.

Notes: Any notes, thoughts or feelings you consider important.



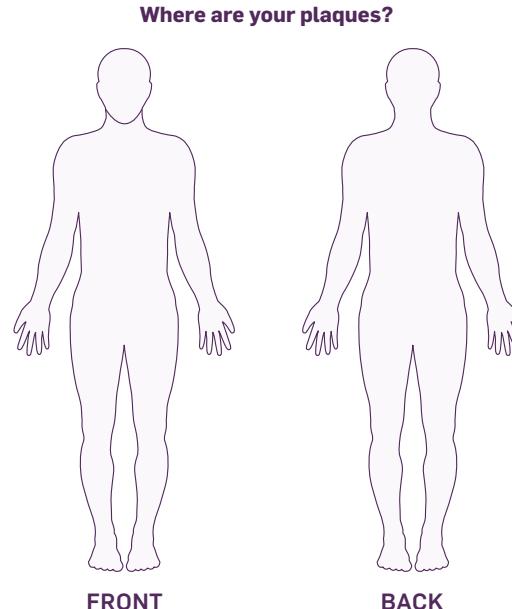
Are there any questions you want to ask your doctor?

Week 4 (Dose 5)

Injection date:

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

Notes: Any notes, thoughts or feelings you consider important.



Are there any questions you want to ask your doctor?

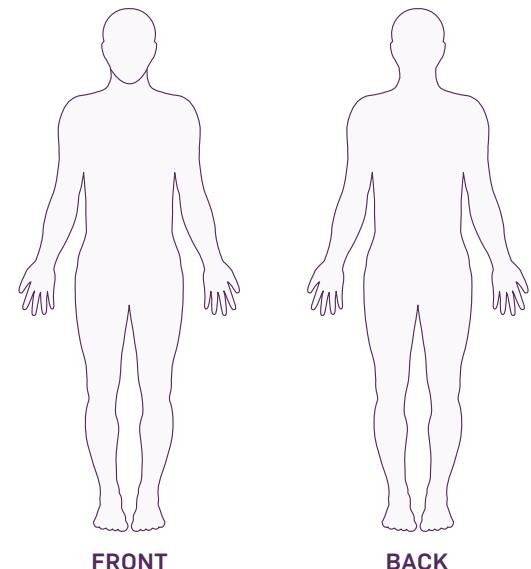
Month 2 (Maintenance dose 1)

Injection date:

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

Notes: Any notes, thoughts or feelings you consider important.

Where are your plaques?



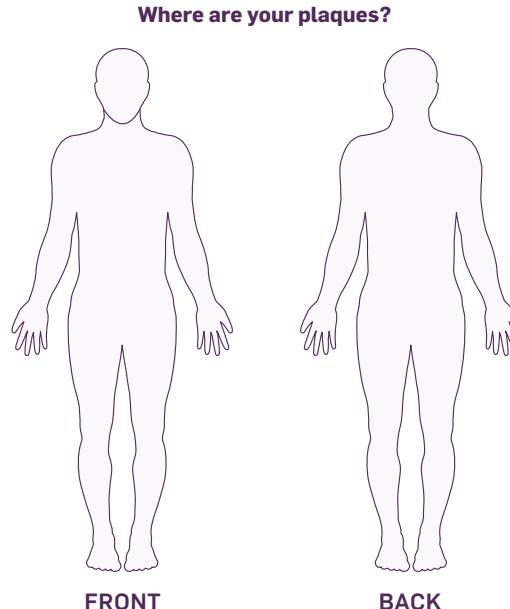
Are there any questions you want to ask your doctor?

Month 3 (Maintenance dose 2)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



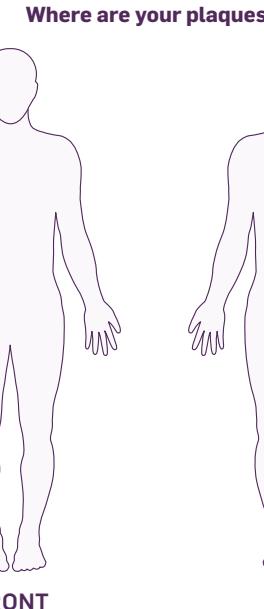
Are there any questions you want to ask your doctor?

Month 4 (Maintenance dose 3)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



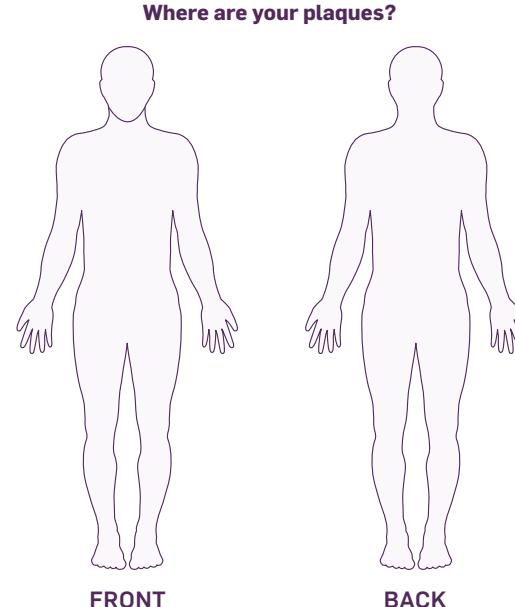
Are there any questions you want to ask your doctor?

Month 5 (Maintenance dose 4)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



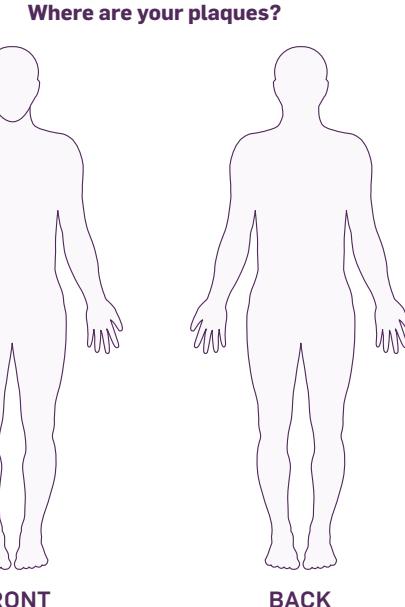
Are there any questions you want to ask your doctor?

Month 6 (Maintenance dose 5)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



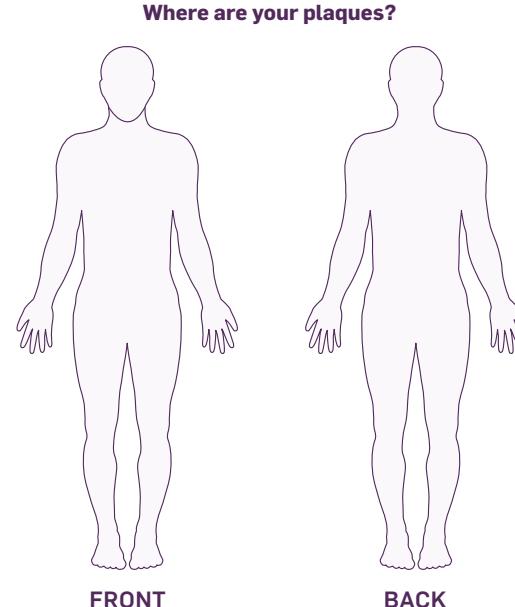
Are there any questions you want to ask your doctor?

Month 7 (Maintenance dose 6)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



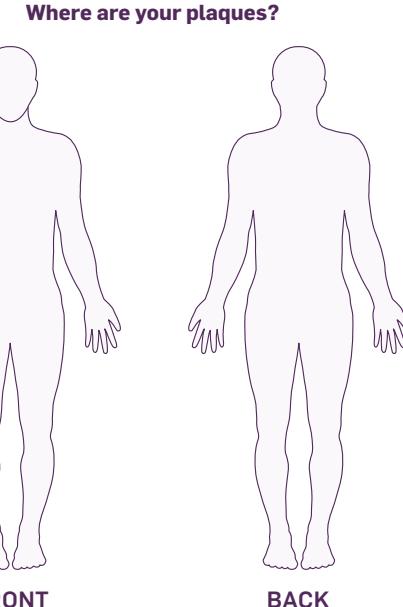
Are there any questions you want to ask your doctor?

Month 8 (Maintenance dose 7)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



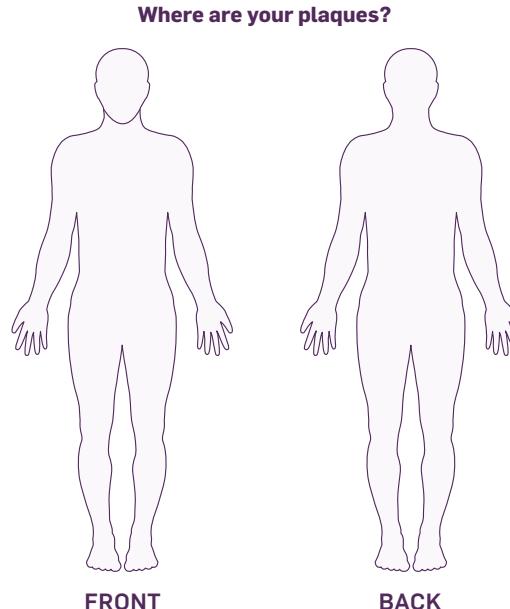
Are there any questions you want to ask your doctor?

Month 9 (Maintenance dose 8)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



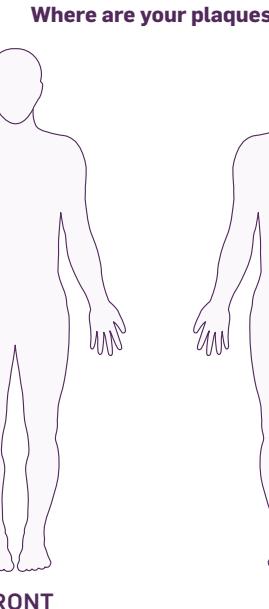
Are there any questions you want to ask your doctor?

Month 10 (Maintenance dose 9)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



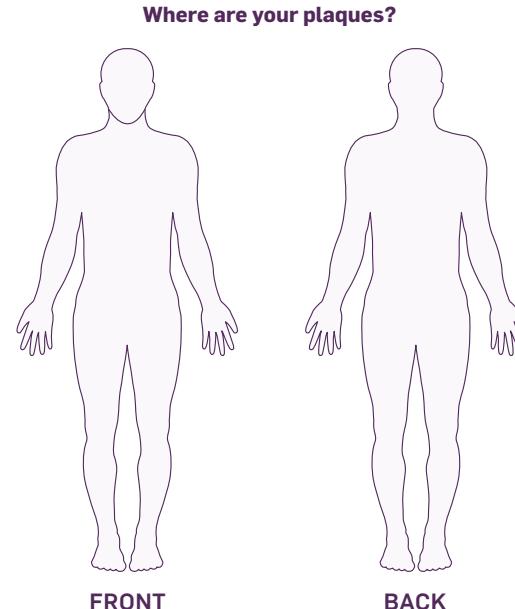
Are there any questions you want to ask your doctor?

Month 11 (Maintenance dose 10)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



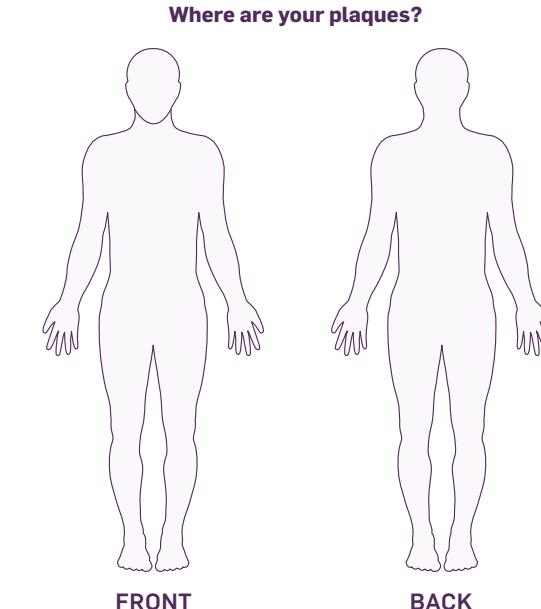
Are there any questions you want to ask your doctor?

Month 12 (Maintenance dose 11)

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

Notes: Any notes, thoughts or feelings you consider important.

Injection date:



Are there any questions you want to ask your doctor?

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 psoriasis

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 psoriasis and its treatment.



Support

Support groups

There are a number of national groups and initiatives that you could get involved with, including:



The Psoriasis Association:
www.psoriasis-association.org.uk



Psoriasis and Psoriatic Arthritis Alliance (PAPAA):
www.papaa.org



Changing Faces:
www.changingfaces.org.uk



The British Skin Foundation:
www.britishskinfoundation.org.uk

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

If you don't know of a support group in your area, ask your doctor or nurse, or check the noticeboards in health centres and pharmacies.

If you find there isn't a support group locally, think about starting one yourself – even just an informal meeting at a coffee shop each month.

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

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

*These websites were accessed in August 2025.

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 psoriasis
- Opportunity to help others by sharing your experience

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.

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.



Frequently asked questions

How do I take my medicine?

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

How long does treatment last?

Cosentyx is a long-term treatment. You should continue using it even if your symptoms improve. Your doctor will regularly monitor your condition to check that the treatment is having the desired effect.

How long can I store my medicine?

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

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

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

What should I do if I administer a dose before my scheduled injection date?

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

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, nurse or pharmacist.

What should I do with Cosentyx autoinjector pen after my injection?

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.

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 have recently had or are due to have a vaccination. You should not be given certain types of vaccines (live vaccines) while using this medicine

What should I do if I forget an injection?

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

What should I do if I stop using my medicine?

It is not dangerous to stop using your medication. However, if you stop, your psoriasis symptoms may come back. If you have any further questions on the use of this medicine, ask your doctor, pharmacist or nurse.

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.

Is psoriasis inherited? Will my children have psoriasis?

Doctors think that psoriasis is caused by a combination of your genes (the DNA you inherit from your parents) and your environment. Having a biological family member with psoriasis increases your risk, but it can also occur in people with no family history.

How is psoriasis diagnosed?

In most cases, doctors can diagnose psoriasis by visually examining the affected areas of skin.

How do I know how severe my psoriasis is?

There are lots of different tools available to help your doctor determine how severe your psoriasis is. These include the psoriasis area and severity index (PASI), body surface area (BSA), and the dermatology life quality index (DLQI).

Is there a cure for psoriasis?

There is currently no cure for psoriasis, but treatment to control the signs and symptoms is usually effective. However, remember that what works for one person may not work for another, so it is important to discuss treatment management with your doctor.

Is all psoriasis alike?

The appearance of psoriasis can vary from person to person and over time. There are also several different types of psoriasis, although the most common form, plaque psoriasis, affects 85–90% of people with psoriasis. Plaque psoriasis is characterised by the development of skin lesions that appear as red, raised patches (plaques), and covered with a silvery white buildup of skin cells.



Glossary

Body surface area (BSA)

Term used to represent the percentage of the patient's body that is covered with psoriasis.

Dermatologist

A doctor specialised in treating skin, hair and nail conditions.

Dermatology life quality index (DLQI)

Questionnaire your doctor may ask you to take to assess the impact psoriasis has on your daily life.

Patient Information Leaflet

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

Psoriasis area and severity index (PASI)

A doctor will often provide you with a PASI score which is calculated by examining the areas of your body that is covered in psoriasis as well as looking at the redness, thickness and scaliness of the plaques. The higher the score, the more severe the disease.

Plaques

Raised areas of the skin that are often pink or red.

Plaque psoriasis

A non-contagious skin condition. Plaque psoriasis appears as raised pink or red patches, covered with silvery-white scales.

Rhinitis

A stuffy nose.

Rhinorrhoea

If you suffer with a runny nose.

Secukinumab

Secukinumab is the active substance of Cosentyx. Cosentyx is the brand name.

Subcutaneous injections

These are injections that are administered underneath the skin.

Notes



Notes

Notes



Notes

References

- American Academy of Dermatology Association. Are triggers causing your psoriasis flare-ups? Available at: <https://www.aad.org/public/diseases/psoriasis/triggers/flare> [Accessed August 2025].
- Badri T, et al. Plaque Psoriasis. StatPearls [Internet] 2023.
- Cleveland Clinic. Health Library. Available at: <https://my.clevelandclinic.org/health> [Accessed August 2025].
- Cosentyx® (secukinumab) SenoReady® Patient Information Leaflet.
- Cosentyx® (secukinumab) UnoReady® Patient Information Leaflet.
- DermNet. Chronic plaque psoriasis. Available at: <https://dermnetnz.org/topics/chronic-plaque-psoriasis> [Accessed August 2025].
- Duchnik E, et al. *Nutrients* 2023;15(4):840.
- Esposito M, et al. *Dermatology* 2006;212(2):123–127.
- Golbari NM, et al. *J Eur Acad Dermatol Venereol* 2021;35(2):417–421.
- Imperial College Healthcare NHS Trust. Dermatology Life Quality Index (DLQI). Available at: <https://www.imperial.nhs.uk/-/media/website/services/dermatology/patient-forms/dermatology-life-quality-iindex-dlqi.pdf> [Accessed August 2025].
- Johns Hopkins Medicine. Psoriasis Diet: Foods to Eat. Available at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/psoriasis-diet-foods-to-eat-and-avoid-if-you-have-psoriasis> [Accessed August 2025].
- Kanda N, et al. *Int J Mol Sci* 2020;21(15):5405.
- Ko S-H, et al. *Cochrane Database of Systematic Reviews* 2019;(7):CD011972.
- Leino M, et al. *Dermatol Ther (Heidelb)* 2015;5(2):107–116.
- Lin Y-L, et al. *Comput Math Methods Med* 2022;7960151.
- Manchanda Y, et al. *Indian J Dermatol* 2023;68(3):278–281.
- National Cancer Institute. NCI Dictionaries. Available at: <https://www.cancer.gov/publications/dictionaries> [Accessed August 2025].
- National Health Service. Psoriasis Causes. Available at: <https://www.nhs.uk/conditions/psoriasis/causes/> [Accessed August 2025].
- National Health Service. Psoriasis Overview. Available at: <https://www.nhs.uk/conditions/psoriasis/#:~:text=Psoriasis%20is%20a%20skin%20condition,they%20scales%20may%20look%20grey>. [Accessed August 2025].
- National Health Service. Psoriasis Symptoms. Available at: <https://www.nhs.uk/conditions/psoriasis/symptoms/> [Accessed August 2025].
- National Institute for Health and Care Excellence. Psoriasis: How common is it? Available at: <https://ihs.nice.org.uk/topics/psoriasis/background-information/prevalence/> [Accessed August 2025].
- National Institute of Arthritis and Musculoskeletal and Skin Diseases. Psoriasis: Diagnosis, Treatment, and Steps to Take. Available at: <https://www.niams.nih.gov/health-topics/psoriasis/diagnosis-treatment-and-steps-to-take> [Accessed August 2025].
- National Library of Medicine. Clinical Review Report: Guselkumab (Tremfya): (Janssen Inc.): Indication: For the treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy [Internet]. Bookshelf. Appendix 5. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK534046/> [Accessed August 2025].
- National Psoriasis Foundation. About Psoriasis. Available at: <https://www.psoriasis.org/about-psoriasis/> [Accessed August 2025].
- National Psoriasis Foundation. Life with Psoriasis. Available at: <https://www.psoriasis.org/life-with-psoriasis/> [Accessed August 2025].
- Psoriasis Association. Available at: <https://www.psoriasis-association.org.uk/> [Accessed August 2025].
- Rousset L & Halioua B. *Int J Derm* 2018;57(10):1165–1172.
- The Psoriasis and Psoriatic Arthritis Alliance. Heredity: Will my children get psoriasis? Available at: <https://www.papaa.org/resources/learn-about-psoriasis-and-psoriatic-arthritis/fertility-and-pregnancy/heredity/> [Accessed August 2025].
- Zhou H, et al. *J Int Med Res* 2020;48(10):62006662020922.

