NOVARTIS

Cosentyx Rheum - Efficacy in PSA - HCP

Prescribing information

Image

Image

Cosentyx® (secukinumab): Efficacy in psoriatic arthritis (PsA)

Cosentyx is indicated for the treatment of: moderate to severe plaque psoriasis (PsO) in adults, children and adolescents from the age of 6 years who are candidates for systemic therapy; active psoriatic arthritis (PsA) in adults (alone or in combination with methotrexate [MTX]) who have responded inadequately to disease-modifying anti-rheumatic drug therapy.[1,2]

Full indication for Cosentyx can be found here

Could your eligible adult patients with PsA benefit from a treatment with clinically proven efficacy in the six key manifestations of PsA?

Cosentyx has been observed to affect key clinical hallmarks of PsA: joints, axial, skin, enthesitis, dactylitis and nails.[1–5]

Learn more about the efficacy of Cosentyx in our summary

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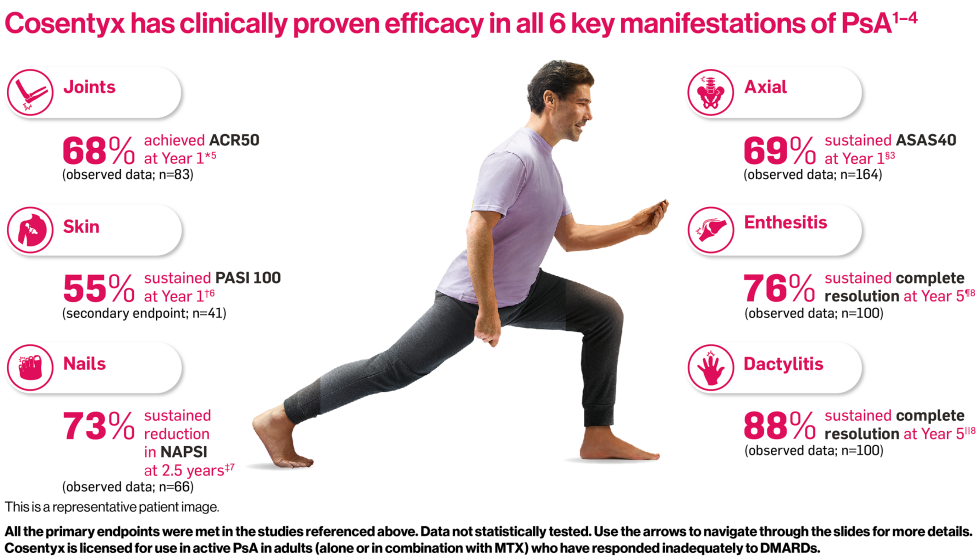

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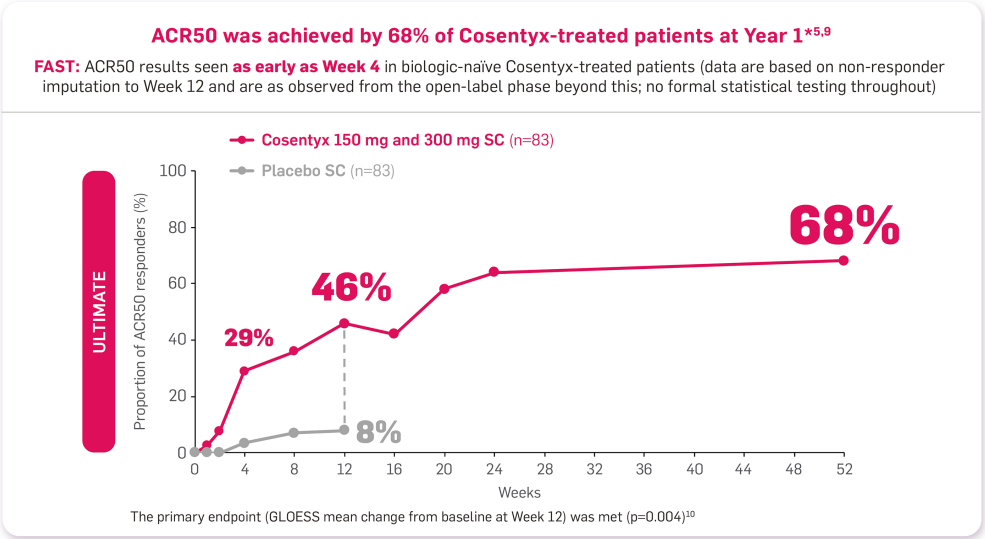

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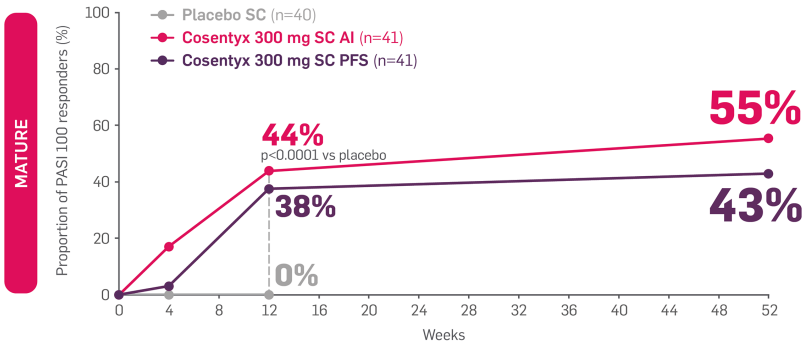
55% of patients with PsO receiving Cosentyx 300 mg achieved completely clear skin (PASI 100) at Year 1 (secondary endpoint)†6

PASI 100 in patients with plaque PsO



The co-primary endpoint (PASI 75 and IGA 0/1 at Week 12) was met (p<0.0001)[6]

Image

FAST and LASTING nail symptom relief with Cosentyx‡7

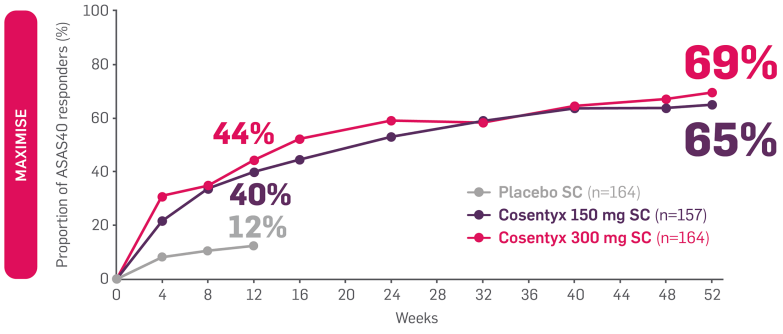
Results from TRANSFIGURE, a dedicated registered clinical trial in patients with nail psoriasis

Post hoc analysis based on observed data with no formal statistical testing.
The primary endpoint (percentage change from baseline in mean NAPSI score at Week 16) was met (p<0.001)[7]

Image

Cosentyx demonstrated FAST and LASTING relief from axial symptoms§3,11

ASAS40 through Week 52 in biologic-naïve patients (data are based on non-responder imputation to Week 12 and are as observed from the open-label phase beyond this; no formal statistical testing beyond Week 12)



FAST and LASTING refers to the data at Week 12 (FAST) and Week 52 (LASTING).
The primary endpoint (ASAS20 response at Week 12) was met (p<0.0001)[3]

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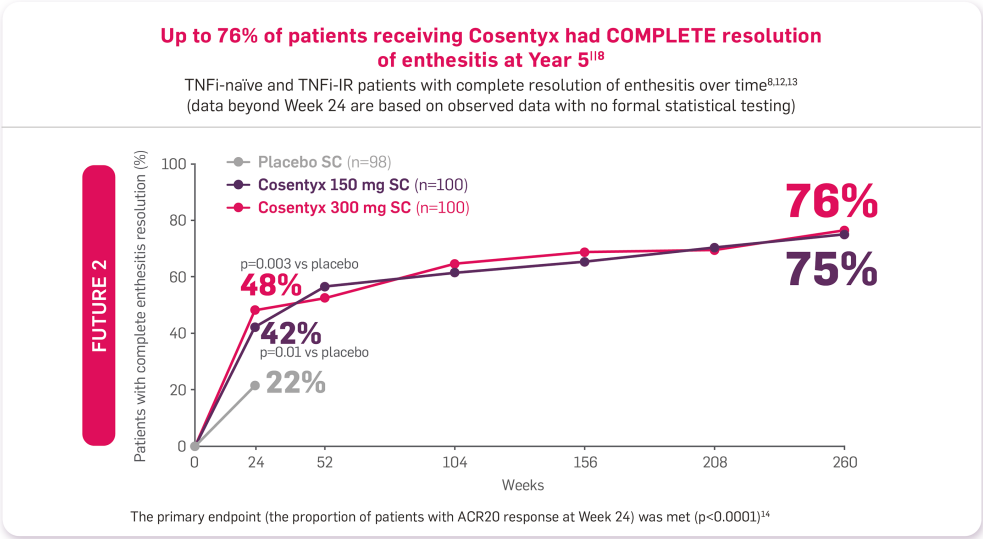

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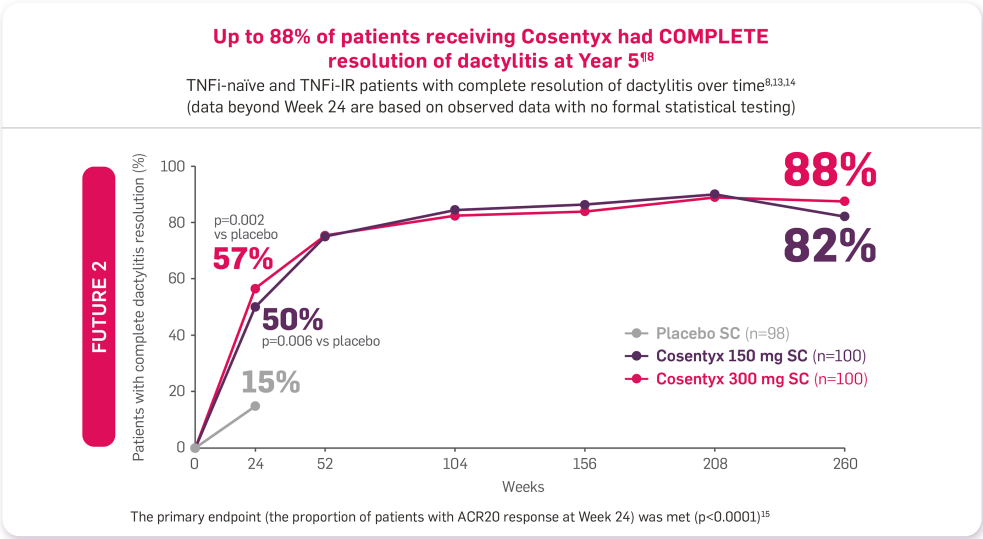

Previous Next

Fast (12 weeks) and lasting (>52 weeks).[3,5–8]

Interleukin (IL)-17A inhibitors, such as Cosentyx, are recommended in BSR, GRAPPA and EULAR guidelines across all 6 key manifestations of PsA[15–17]

Lasting remission could be achievable for your eligible adult patients with PsA

Remission or low disease activity are recommended as targets of therapy in PsA.[15–17] The minimal disease activity (MDA) score allows the assessment of low disease activity.[17]

Based on observational data; prespecified exploratory endpoint.

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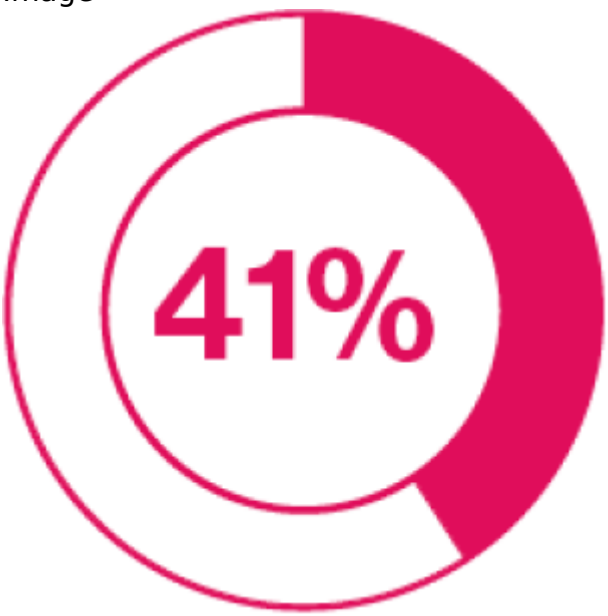

FUTURE 5[18]

of patients achieved **MDA at 2 years** with Cosentyx 300 mg SC (N=51)

The primary endpoint (ACR20 response rate at Week 16) was met ($p<0.0001$)[19]

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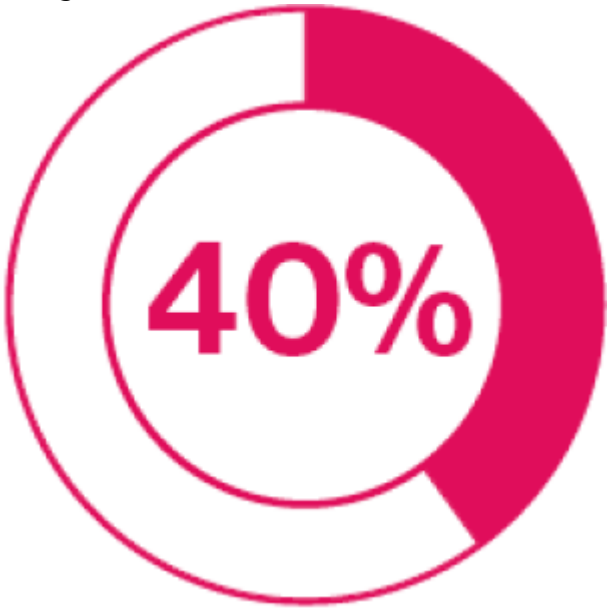

FUTURE 1[20]

of patients achieved **MDA at 5 years** with Cosentyx 150 mg SC (N=195)

The primary endpoint (ACR20 response rate at Week 24) was met ($p<0.001$)[21]

Most patients who start on Cosentyx, stay on Cosentyx

Real-world data from the UK show the majority of patients with PsA who started on Cosentyx (N=81) remained on treatment for at least 2 years.**[22]

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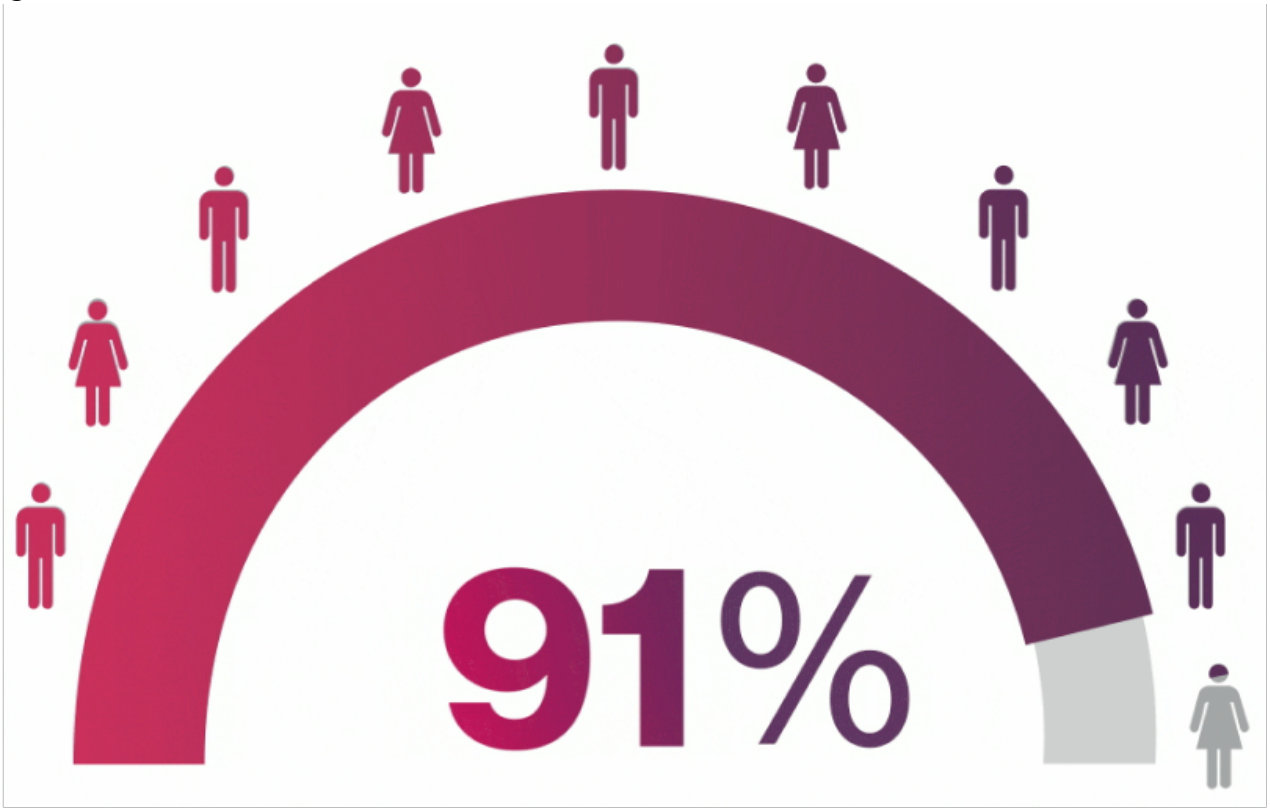

at Year 1

stayed with Cosentyx
(95% CI: 84–98)

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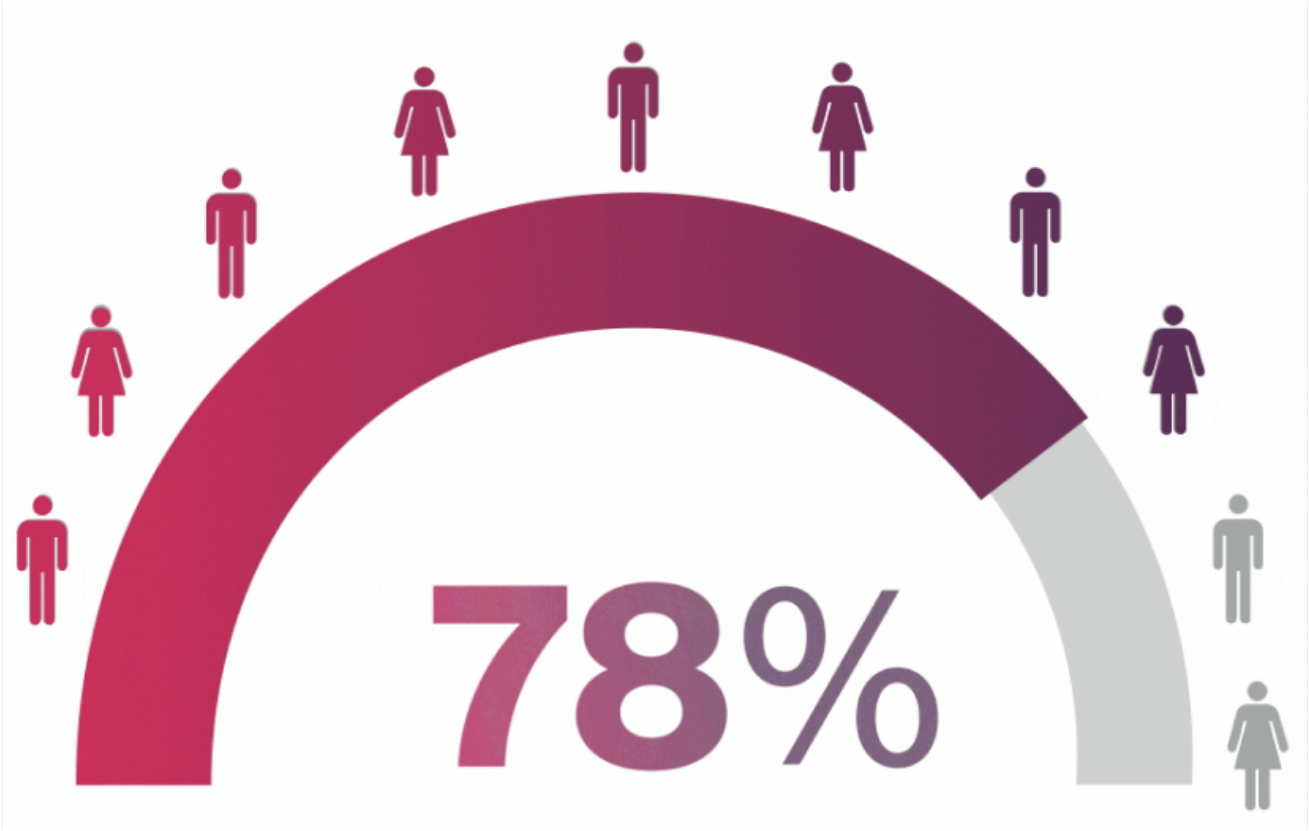

at Year 2

stayed with Cosentyx
(95% CI: 68–88)

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Efficacy in axSpA

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Efficacy in JIA

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Safety profile

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Dosing

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Mechanism of action

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Contact us

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HCP resources

Therapeutic Indications[1,2]

Cosentyx is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in adults, children and adolescents from the age of 6 years who are candidates for systemic therapy; active psoriatic arthritis (PsA) in adult patients (alone or in combination with methotrexate [MTX]) when the response to previous disease-modifying anti-rheumatic drug therapy has been inadequate; active ankylosing spondylitis (AS) in adults who have responded inadequately to conventional therapy; active nonradiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation as indicated by elevated C-reactive protein and/or magnetic resonance imaging evidence in adults who have responded inadequately to non-steroidal anti-inflammatory drugs; active moderate to severe hidradenitis suppurativa (HS; acne inversa) in adults with an inadequate response to conventional systemic HS therapy; active enthesitis-related arthritis (ERA) in patients 6 years and older (alone or in combination with MTX) whose disease has responded

inadequately to, or who cannot tolerate, conventional therapy; active juvenile psoriatic arthritis (JPsA) in patients 6 years and older (alone or in combination with MTX) whose disease has responded inadequately to, or who cannot tolerate, conventional therapy.[1,2]

*ULTIMATE: non-responder imputation data in biologic-naïve patients originally randomly assigned to Cosentyx (n=83). Patients taking Cosentyx received 150 mg if their body surface area (BSA) was ≤10%, or 300 mg if their BSA was >10% (as assessed by PASI score). The primary endpoint (Global OMERACT-EULAR Synovitis Score [GLOESS] mean change from baseline at Week 12) was met (p=0.004).
†MATURE: non-responder imputation data for the 300 mg treatment group of patients with moderate to severe plaque PsO at baseline (n=41). The co-primary endpoint (PASI 75 and Investigator's Global Assessment [IGA] 0/1 at Week 12) was met (p<0.0001).
‡TRANSFIGURE: observed data in patients with moderate to severe nail PsO in the 300 mg treatment group (n=66); in the respective 150 mg treatment group (n=67), there was a mean NAPSI improvement of -63.6%. The primary endpoint (percentage change from baseline in mean NAPSI score at Week 16) was met (p<0.0001). Actual photos taken of a Cosentyx patient by investigators during clinical trials. Individual patient responses may vary.
§MAXIMISE: observed data in biologic-naïve patients in the 300 mg treatment group (n=139); in the respective 150 mg treatment group, 65% achieved ASAS40 at Year 1 (n=141). The primary endpoint (ASAS20 response rate at Week 12) was met (p<0.0001).
¶FUTURE 2: observed data for the 300 mg treatment group of biologic-naïve patients with this symptom at baseline, including those originally randomly assigned to Cosentyx and placebo-switchers (n=51); 75% in the respective 150 mg group maintained complete resolution of enthesitis through Year 5 (n=64). The primary endpoint (the proportion of patients with ACR20 response at Week 24) was met (p<0.0001).
‖FUTURE 2: observed data for the 300 mg treatment group of biologic-naïve patients with this symptom at baseline, including those originally randomly assigned to Cosentyx and placebo-switchers (n=40); 82% in the respective 150 mg group maintained complete resolution of dactylitis through Year 5 (n=28). The primary endpoint (the proportion of patients with ACR20 response at Week 24) was met (p<0.0001).
**SERENA is an ongoing, longitudinal, non-interventional study across 438 sites in patients with moderate to severe, chronic PsO, active PsA or active AS who were treated with Cosentyx for ≥16 weeks at registration. The primary objective of this 2-year interim analysis was to assess long-term retention of Cosentyx in patients with PsA or AS.

ACR, American College of Rheumatology; AS, ankylosing spondylitis; ASAS, Assessment of Spondyloarthritis international Society; axSpA, axial spondyloarthritis; BSA, body surface area; BSR, British Society for Rheumatology; CI, confidence interval; DMARD, disease modifying anti-rheumatic drug; !!ERA, enthesitis-related arthritis; EULAR, European Alliance of Associations for Rheumatology; GLOESS, Global OMERACT-EULAR synovitis score; GRAPPA, Group for Research and Assessement of Psoriasis and Psoriatic Arthritis; HS, hidradenitis suppurativa; IGA, investigator's global assessment; IL, interleukin; JIA, juvenile idiopathic arthritis; JPsA, juvenile psoriatic arthritis; MDA, minimal disease activity; MTX, methotrexate; NAPSI, nail psoriasis severity index; nr-axSpA, non-radiographic axial spondyloarthritis; OMERACT, outcome measures in rheumatology; PASI, psoriasis area and severity index; PsA, psoriatic arthritis; PsO, psoriasis; SC, subcutaneous; SmPC, Summary of Product Characteristics; TNFi, tumour necrosis factor inhibitor; TNFi-IR, tumour necrosis factor inhibitor-inadequate responder.

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