

Cosentyx Rheum - UnoReady® 300 mg injection video - HCP

[Prescribing information](#)

Image



Image



Cosentyx® (secukinumab): UnoReady® 300 mg injection video

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.^{1,2}

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

Do not share screenshots or links to this website, video with patients, as this website is intended for healthcare professionals only. If you do wish to share a video with patients who have been prescribed Cosentyx, please share this link:

pro.novartis.com/uk-en/public/medicines/rheumatology/cosentyx/patient-resources/unoready-injection-video

This page contains a short 5-minute video demonstrating how to prepare and deliver Cosentyx with the UnoReady® pen.

Image



For a 300 mg dose, one 300 mg pen or two 150 mg pens are needed.

For information on the Cosentyx SensoReady® 150 mg pen click [here](#).

For UK Healthcare Professionals only.

Prescribing information is available on the top of the page where the video is hosted.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report.

If you have a question about the product, please contact Medical Information on 01276 698370 or by email at medinfo.uk@novartis.com

This video has been funded and developed by Novartis Pharmaceuticals UK Ltd.

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VIDEO

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Dosing

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}

AS, ankylosing spondylitis; axSpA, axial spondyloarthritis; ERA; enthesitis-related arthritis; GB, Great Britain; HCP, healthcare professional; HS, hidradenitis suppurativa; JIA, juvenile idiopathic arthritis; MTX, methotrexate; NI, Northern Ireland; nr-axSpA, non-radiographic axial spondyloarthritis; PsA, psoriatic arthritis; PsO, plaque psoriasis; SmPC, summary of product characteristics.

References

1. Cosentyx® (secukinumab) GB Summary of Product Characteristics.
2. Cosentyx® (secukinumab) NI Summary of Product Characteristics.

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