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Summary of the risk management plan (RMP) for Cosentyx (secukinumab)

This is a summary of the risk management plan (RMP) for Cosentyx, which details the measures to be taken in order to ensure that Cosentyx is used as safely as possible. For more information on RMP summaries, see here.

This RMP summary should be read in conjunction with the EPAR summary and the product information for Cosentyx, which can be found on Cosentyx's EPAR page.

Overview of disease epidemiology

Cosentyx is a medicine used to treat plaque psoriasis (an inflammatory disease causing red, scaly patches on the skin that may be itchy or painful, and which can also affect the scalp and nails).

Psoriasis has been reported to occur in approximately 1 to 3.5% of the population although the figure may vary somewhat with factors such as age, gender and geographic location. Psoriasis is more likely to occur in people with a family history of psoriasis or those who smoke, drink alcohol, experience stress, or who have had bacterial and viral infections.

People who have psoriasis are at risk of developing other medical conditions including other inflammatory conditions, heart problems, diabetes and high blood pressure. They may also be at higher risk of developing infections, liver disease, depression/anxiety or diseases of the nervous system.

Psoriasis is a long lasting (chronic) disease that can require long-term treatment over decades.

Summary of treatment benefits

Cosentyx contains the active substance secukinumab, which attaches to and blocks the action of a messenger molecule in the immune system called interleukin 17A that is involved in the inflammation and other immune system processes that cause psoriasis. By attaching to and blocking the action of interleukin 17A, secukinumab reduces the activity of the immune system and the symptoms of the disease.

Cosentyx has been compared with placebo (a dummy treatment) in 4 main studies involving 2,403 patients with psoriasis, some of whom had had previous systemic treatments for the condition. The main measure of effectiveness of Cosentyx was improvement in the severity and extent of psoriasis after 12 weeks using two separate scoring systems (a 75% or more reduction in Psoriasis Area Severity Index [PASI] score, and a decrease of Investigator's Global Assessment [IGA] score to 0 or 1, which indicates clear or nearly clear skin); in addition, in one study Cosentyx was compared with another authorised treatment for psoriasis, etanercept.

The studies showed that Cosentyx is effective at improving the symptoms of psoriasis: taking the results of the 4 studies together, the percentage of patients achieving a 75% reduction in their PASI scores was 79% with Cosentyx, 44% with etanercept and 4% with placebo; with regard to IGA scores,

65% of patients given Cosentyx achieved a score of 0 or 1, compared with 27% of patients given etanercept and 2% of those given placebo. Benefits continued to be shown when treatment with Cosentyx was continued for up to 52 weeks.

Unknowns relating to treatment benefits

Psoriasis is common in Caucasian adults so most patients in clinical trials were Caucasian and between 18 and 65 years old, although 230 patients above age 65 were also included. There is no evidence that results would be different in non-Caucasian patients. Cosentyx was not studied in pregnant and breastfeeding women and in children, nor in patients with severe liver, kidney or heart disease, so there is no information on safety or effectiveness of Cosentyx in these patients. In addition, most studies did not last longer than 1 year. Extension studies are ongoing to observe effectiveness and safety beyond 1 year.

Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Infections	In studies, patients were more likely to develop certain infections while taking Cosentyx, the most common (seen in more than 1 patient in 10) being upper respiratory tract infections (colds). Most infections were mild or moderate and could be easily managed.	Patients and their doctors should be alert for signs or symptoms of infections, and Cosentyx must not be given while a serious infection is active. Extra care is needed if Cosentyx is given to patients with ongoing, long-term infections or who have a history of repeated infection. Attention to early signs of infections reported with Cosentyx will allow for early treatment.
Low levels of neutrophils, a type of white blood cells that help to fight infections (neutropenia)	Cosentyx may reduce the numbers of a type of white blood cells called neutrophils. Neutrophil counts below normal range are uncommon (may affect 1 to 10 patients in 1000). Most cases were mild to moderate in severity, non-serious, reversible and did not lead to infections or require stopping Cosentyx.	Doctors should be aware of the possible effect of Cosentyx on neutrophils, and the product information contains safety information to alert them to the possibility of such an effect. No routine blood checks are needed.
Allergic reaction (hypersensitivity)	Allergic reactions have been seen in patients treated with Cosentyx during studies, including nettle rash or hives in up to 1 patient in 10, but most reactions were not serious and were mild to moderate in nature.	Patients with a history of severe hypersensitivity to any of the ingredients of the medicine should not be treated with Cosentyx. If a serious allergic reaction occurs, Cosentyx treatment should be stopped immediately and appropriate therapy started. The product information contains warnings for doctors and patients to alert them to the possibility of such reactions.

Important potential risks

Risk	What is known
Cancers and tumours that may be malignant (malignant or unspecified tumours)	Some medicines that influence the immune system may increase the risk of developing cancers. This is therefore a theoretical risk with Cosentyx, although currently there is no evidence that Cosentyx increases the risk of cancer. There is no adequate data available on the use of Cosentyx in patients who have, or have previously had, cancer.
Heart attacks or strokes [Major Adverse Cardiovascular Events (MACE)]	Psoriasis patients are often at increased risk of effects on heart and circulation because they are more likely to have known risk factors that include increased levels of fat and sugar in the blood, obesity and high blood pressure. It is not yet known if Cosentyx increases the likelihood of heart or circulation problems, which also occurred in some patients given dummy treatment, but it is currently considered a potential risk.
Reduced effectiveness of Cosentyx due to antibodies (immunogenicity)	The active substance in Cosentyx, secukinumab, is a biological product that has the potential to cause the body to produce antibodies that attack the medicine, which can potentially neutralise its therapeutic effect. So far, a very small number of Cosentyx-treated patients developed antibodies to Cosentyx after up to 1 year of treatment. About half of these antibodies were "neutralising" (i.e., had the potential to reduce the effect of the medicine), but loss of effect was not demonstrated in study patients who developed such antibodies.
Crohn's disease	Crohn's disease is a long-term condition which can flare up periodically. Some patients receiving Cosentyx were reported to have a flare-up of Crohn's disease. It is not yet known if Cosentyx has any role in causing the flares, which also occurred in some patients given dummy treatment, but it is currently considered a potential risk. Information will continue to be collected about Cosentyx and its effects, including about any effects on Crohn's disease. Patients with a history of Crohn's disease should be carefully monitored if given Cosentyx.
Recurrence of active disease in patients infected with hepatitis B virus (patients with hepatitis B reactivation)	Cosentyx has not been studied specifically in patients with hepatitis B infections. The risk of a flare-up of infection in this population is therefore unknown but because Cosentyx affects the immune system it is considered a potential risk.
Possible complications with certain vaccines while taking Cosentyx (interactions with live vaccines)	Because Cosentyx affects the immune system, there is a possibility that it may increase the risk of contracting an infection or of spreading it to others if patients are given a vaccine that contains live organisms. Vaccination with live vaccines (such as chickenpox vaccine) should be avoided while being treated with Cosentyx. Vaccines that do not contain live organisms (inactivated vaccines such as inactivated influenza vaccine) are safe, and can produce appropriate protection in the presence of Cosentyx.

Missing information

Risk	What is known
Exposure of an unborn baby to Cosentyx during pregnancy(fetal exposure in utero)	Use of Cosentyx during pregnancy and breastfeeding has not been specifically studied, and whether there is any risk to an unborn baby is not known. As a precautionary measure, it is preferable to avoid the use of Cosentyx in pregnancy. Women of childbearing potential should use an effective method of birth control during treatment. Information will continue to be collected about Cosentyx and its effects, including about any exposures during pregnancy.
Long term safety and effectiveness information	The safety and effectiveness of long-term use of Cosentyx is not yet known. Information will continue to be collected about Cosentyx and its effects long-term.
Use in children (use in paediatric patients)	Children below 18 years of age have not been included in studies with Cosentyx. Therefore, it is not known whether the medicine is safe and effective in children.
Patients with severe liver disease (patients with severe hepatic impairment)	Cosentyx has not been studied specifically in patients with severely reduced liver function. The safety and effectiveness in this population is therefore unknown.
Patients with severe kidney disease (patients with severe renal impairment)	Cosentyx has not been studied specifically in patients with severely reduced kidney function. The safety and effectiveness in this population is therefore unknown.
Patients with severe heart disease or uncontrolled high blood pressure (patients with severe cardiac disease or uncontrolled hypertension)	Cosentyx has not been studied specifically in patients with severe heart disease or uncontrolled high blood pressure. The safety and effectiveness in this population is therefore unknown.

Summary of risk minimisation measures by safety concern

All medicines have a summary of product characteristics (SmPC) which provides physicians, pharmacists and other healthcare professionals with details on how to use the medicine, and also describes the risks and recommendations for minimising them. Information for patients is available in lay language in the package leaflet. The measures listed in these documents are known as ‘routine risk minimisation measures’.

The SmPC and the package leaflet are part of the medicine’s product information. The product information for Cosentyx can be found on Cosentyx’s EPAR page.

This medicine has no additional risk minimisation measures.

Post-authorisation development plan

List of studies in post-authorisation development plan

Study / activity (including study number)	**Objectives**	**Safety concerns / efficacy issue addressed**	**Status**	**Planned date for submission of (interim and) final results**
Psoriasis Registry	The registry will evaluate the incidence and nature of malignancies in a real-world population of moderate-to-severe psoriasis patients on Cosentyx therapy. It will also collect outcomes associated with psoriasis treatments (biologics and non-biologics) in patients with psoriasis, allowing a better understanding of the epidemiology and natural history of the disease, comorbidities, current treatment practices, comparative effectiveness and safety outcomes related to medication therapy including capturing rare side effects with Cosentyx in a real world patient population.	Malignant or unspecified tumours	Planned	Final report available: Q1 2024

Studies which are a condition of the marketing authorisation

There are no studies which are condition of the marketing authorization.

Summary of changes to the risk management plan over time

Major changes to the Risk Management Plan over time

Not applicable.

This summary was last updated in 01-2015.