

# The Medical Letter<sup>®</sup>

## on Drugs and Therapeutics

Volume 58

June 6, 2016

ISSUE No.  
**1496**

### IN THIS ISSUE

**In Brief: New Indications for Secukinumab (*Cosentyx*)** ..... p 76

## Important Copyright Message

### FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying or any distribution of this material is prohibited.

Sharing a password with a non-subscriber or otherwise making the contents of this site available to third parties is strictly prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: [Subscriptions](#), [Site Licenses](#), [Reprints](#)  
or call customer service at: 800-211-2769

# The Medical Letter®

## on Drugs and Therapeutics

Volume 58 (Issue 1496)

June 6, 2016

### IN BRIEF

#### New Indications for Secukinumab (Cosentyx)

The FDA has approved the subcutaneous IL-17A antagonist secukinumab (*Cosentyx* - Novartis), which was first approved in 2015 for treatment of plaque psoriasis, for treatment of psoriatic arthritis and ankylosing spondylitis in adults.<sup>1</sup> Secukinumab is one of the most effective drugs available for treatment of plaque psoriasis.<sup>2</sup>

FDA approval of secukinumab for treatment of **psoriatic arthritis** was based on two randomized, double-blind trials with a primary endpoint of at least a 20% improvement in the American College of Rheumatology response criteria (ACR20) at 24 weeks. In both trials, ACR20 response rates were significantly higher in patients receiving secukinumab than in those receiving placebo.<sup>3,4</sup> Secukinumab was effective in both TNF inhibitor-naïve and TNF inhibitor-experienced patients.

Approval of secukinumab for **ankylosing spondylitis** was based on two double-blind trials in which the primary endpoint was the percentage of patients who achieved at least a 20% improvement in Assessment of Spondyloarthritis International Society response criteria (ASA20) at 16 weeks. In both trials, ASA20 response rates were significantly higher in patients receiving secukinumab than in those receiving placebo.<sup>5</sup>

The most common adverse effects of secukinumab in clinical trials were nasopharyngitis, diarrhea, and upper respiratory infection. In general, infections occurred at a higher rate in secukinumab-treated patients than in those who received placebo. Patients should be screened for tuberculosis before starting therapy. Exacerbations of Crohn's disease were reported during clinical trials in patients taking secukinumab. Urticaria and anaphylaxis have occurred.

The recommended dosage of secukinumab for patients with psoriatic arthritis (without concomitant moderate to severe plaque psoriasis) or ankylosing spondylitis is 150 mg injected subcutaneously at weeks 0, 1, 2, 3, and 4, then every 4 weeks. The drug can also be given every 4 weeks without the weekly loading doses. The dose can be increased to 300 mg in patients who continue to have active psoriatic arthritis. The cost for one 150 mg/mL single-use pen is \$1954.10.<sup>6</sup>

1. Secukinumab (*Cosentyx*) for psoriasis. *Med Lett Drugs Ther* 2015; 57:45.
2. Drugs for psoriasis. *Med Lett Drugs Ther* 2015; 57:81.
3. IB McInnes et al. Secukinumab, a human anti-interleukin-17A monoclonal antibody, in patients with psoriatic arthritis (FUTURE-2): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet* 2015; 386:1137.
4. PJ Mease et al. Secukinumab inhibition of interleukin-17A in patients with psoriatic arthritis. *N Engl J Med* 2015; 373:1329.
5. D Baeten et al. Secukinumab, an interleukin-17A inhibitor, in ankylosing spondylitis. *N Engl J Med* 2015; 373:2534.
6. Approximate WAC. WAC = wholesaler acquisition cost or manufacturer's published price to wholesalers; WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. May 5, 2016. Reprinted with permission by First Databank, Inc. All rights reserved. ©2016. [www.fdbhealth.com/policies/drug-pricing-policy](http://www.fdbhealth.com/policies/drug-pricing-policy).

Follow us on Twitter  Like us on Facebook 

**PRESIDENT:** Mark Abramowicz, M.D.; **VICE PRESIDENT AND EXECUTIVE EDITOR:** Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School; **EDITOR IN CHIEF:** Jean-Marie Pflomm, Pharm.D.; **ASSOCIATE EDITORS:** Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D.; **CONSULTING EDITORS:** Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

**CONTRIBUTING EDITORS:** Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; Jane P. Gagliardi, M.D., M.H.S., F.A.C.P., Duke University School of Medicine; David N. Juurlink, BPhM, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Franco M. Muggia, M.D., New York University Medical Center; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; F. Estelle R. Simons, M.D., University of Manitoba; Neal H. Steigbigel, M.D., New York University School of Medicine; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

**MANAGING EDITOR:** Susie Wong; **ASSISTANT MANAGING EDITOR:** Liz Donohue; **EDITORIAL ASSISTANT:** Cheryl Brown

**EXECUTIVE DIRECTOR OF SALES:** Gene Carbona; **FULLFILLMENT AND SYSTEMS MANAGER:** Cristine Romatowski; **EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS:** Joanne F. Valentino; **VICE PRESIDENT AND PUBLISHER:** Yosef Wissner-Levy

Founded in 1959 by  
Arthur Kallet and Harold Aaron, M.D.

**Copyright and Disclaimer:** The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. is supported solely by subscription fees and accepts no advertising, grants, or donations. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

#### Subscription Services

**Address:**  
The Medical Letter, Inc.  
145 Huguenot St. Ste. 312  
New Rochelle, NY 10801-7537  
www.medicalletter.org

**Customer Service:**  
Call: 800-211-2769 or 914-235-0500  
Fax: 914-632-1733  
E-mail: custserv@medicalletter.org

**Permissions:**  
To reproduce any portion of this issue,  
please e-mail your request to:  
permissions@medicalletter.org

**Subscriptions (US):**  
1 year - \$129; 2 years - \$232;  
3 years - \$345. \$65 per year  
for students, interns, residents, and  
fellows in the US and Canada.  
Reprints - \$12 each.

**Site License Inquiries:**  
E-mail: info@medicalletter.org  
Call: 800-211-2769 ext. 315  
Special rates available for bulk  
subscriptions.

Get Connected:  

The  
Medical  
Letter