

Preparing patients to use the **Sensoready[®] pen**

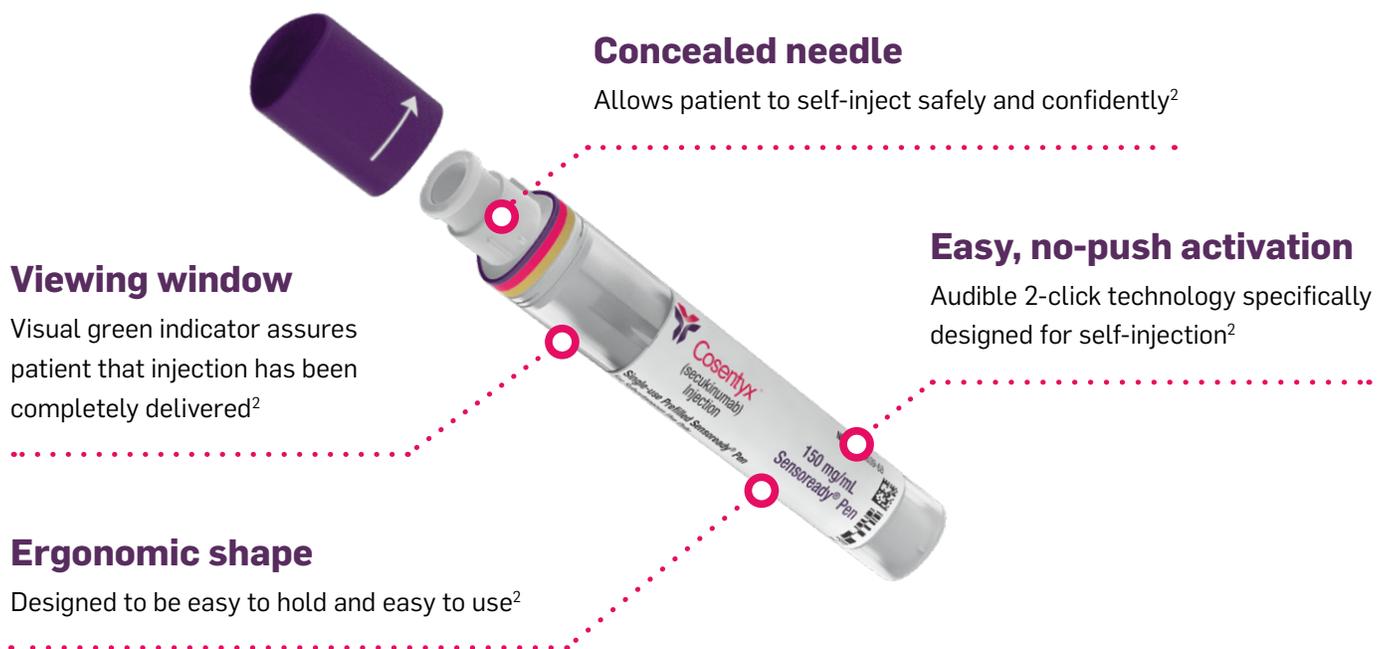


Educate patients on the positive injection experience with the easy-to-use Sensoready pen^{1*†}

According to a study completed in patients with active PsA:

>90%

of patients reported no pain during or after the injection¹



*The removable cap of the COSENTYX Sensoready pen and the prefilled syringe contain natural rubber latex and should not be handled by latex-sensitive individuals. The safe use of the COSENTYX Sensoready pen or prefilled syringe in latex-sensitive individuals has not been studied.³

†The first self-injection should be performed under the supervision of a qualified healthcare professional. Patients should be trained in proper administration techniques prior to self-administration.³

PsA=psoriatic arthritis.

INDICATIONS

COSENTYX[®] (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis in patients 6 years and older who are candidates for systemic therapy or phototherapy.

COSENTYX is indicated for the treatment of adult patients with active psoriatic arthritis.

COSENTYX is indicated for the treatment of adult patients with active ankylosing spondylitis.

COSENTYX is indicated for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients in COSENTYX. Cases of anaphylaxis have been reported during treatment with COSENTYX.

Please see additional Important Safety Information on following pages.

Please see full [Prescribing Information](#), including [Medication Guide](#).

It just clicks!



Advise patients to do the following before using the Sensoready® pen:



PREPARE THE PEN

Take the Sensoready pen out of the refrigerator 15 to 30 minutes before injecting, to allow it to reach room temperature.



CHOOSE THE INJECTION SITE

Recommended injection areas include the front of thighs, the lower abdomen (avoiding the area 2 inches around the navel), and the outer upper arm (see below).



CLEAN THE SITE

Use an alcohol wipe to clean the area of the skin where they plan to inject.

Click, watch, click & wait

STEP 1 | CLICK

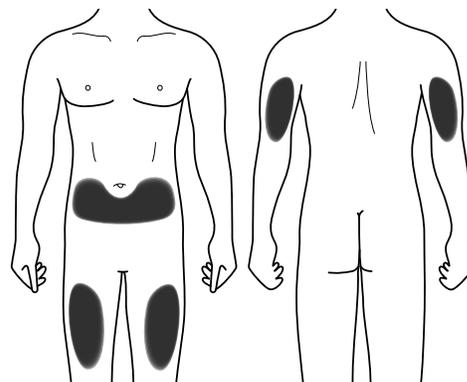
The Sensoready pen should be used within 5 minutes of removing the cap. Instruct the patient to hold the pen straight up and down, then press and hold it firmly against their skin. The first click indicates the injection has started.

STEP 2 | WATCH

A green indicator should start to fill the window of the Sensoready pen. It's important that the patient firmly maintains a hold of the pen against their skin while they watch the green indicator and listen for a second click.

STEP 3 | CLICK & WAIT

The second click indicates the injection is almost complete. The patient should wait 5 seconds to make sure the green indicator has completely filled the window and stopped moving. They can then remove the Sensoready pen.



DISPOSAL

Patients should put used Sensoready pens in an FDA-cleared sharps disposal container right away after use. It is important that the patient does not dispose of them in household trash.

Supplemental Injection Training Available

Live: Our team of dedicated support specialists is here to help your patients. They can call 1-844-267-3689, Monday through Friday between 8:00 AM and 8:00 PM ET, to schedule **live virtual** and/or **in-home** injection demonstrations and have their questions answered about using the Sensoready pen.

Recorded Video: Patients can also watch a demonstration video at cosentyx.com/how-to-inject-cosentyx.

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Important Safety Information (cont)



WARNINGS AND PRECAUTIONS

Infections

COSENTYX may increase the risk of infections. In clinical trials, a higher rate of infections was observed in COSENTYX treated subjects compared to placebo-treated subjects. In placebo-controlled clinical trials in subjects with moderate to severe plaque psoriasis, higher rates of common infections, such as nasopharyngitis (11.4% versus 8.6%), upper respiratory tract infection (2.5% versus 0.7%) and mucocutaneous infections with candida (1.2% versus 0.3%) were observed with COSENTYX compared with placebo. A similar increase in risk of infection was seen in placebo-controlled trials in subjects with psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis. The incidence of some types of infections appeared to be dose-dependent in clinical studies. In the postmarketing setting, serious and some fatal infections have been reported in patients receiving COSENTYX.

Exercise caution when considering the use of COSENTYX in patients with a chronic infection or a history of recurrent infection.

Instruct patients to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, monitor the patient closely and discontinue COSENTYX until the infection resolves.

Pre-treatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with COSENTYX. Avoid administration of COSENTYX to patients with active TB infection. Initiate treatment of latent TB prior to administering COSENTYX. Consider anti-TB therapy prior to initiation of COSENTYX in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Monitor patients closely for signs and symptoms of active TB during and after treatment.

Inflammatory Bowel Disease

Caution should be used when prescribing COSENTYX to patients with inflammatory bowel disease. Exacerbations, in some cases serious, occurred in COSENTYX treated subjects during clinical trials in plaque psoriasis, psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis. In addition, new onset inflammatory bowel disease cases occurred in clinical trials with COSENTYX. In an exploratory trial in 59 subjects with active Crohn's disease, there were trends toward greater disease activity and increased adverse events in the secukinumab group as compared to the placebo group. Patients who are treated with COSENTYX should be monitored for signs and symptoms of inflammatory bowel disease.

Hypersensitivity Reactions

Anaphylaxis and cases of urticaria occurred in COSENTYX treated subjects in clinical trials. If an anaphylactic or other serious allergic reaction occurs, administration of COSENTYX should be discontinued immediately and appropriate therapy initiated.

The removable caps of the COSENTYX Sensoready[®] pen and the COSENTYX 1 mL and 0.5 mL prefilled syringes contain natural rubber latex, which may cause an allergic reaction in latex-sensitive individuals. The safe use of the COSENTYX Sensoready pen or prefilled syringe in latex-sensitive individuals has not been studied.

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Important Safety Information (cont)



WARNINGS AND PRECAUTIONS (cont)

Immunizations

Prior to initiating therapy with COSENTYX, consider completion of all age appropriate immunizations according to current immunization guidelines. COSENTYX may alter a patient's immune response to live vaccines. Avoid use of live vaccines in patients treated with COSENTYX.

MOST COMMON ADVERSE REACTIONS

Most common adverse reactions (>1%) are nasopharyngitis, diarrhea, and upper respiratory tract infection.

Study Design

FUTURE 3

FUTURE 3 was a multicenter, randomized, double-blind, double-dummy, placebo-controlled, parallel-group, 3-year study that evaluated 414 adult patients with active PsA. Patients received subcutaneous COSENTYX 150 mg (n=138), 300 mg (n=139), or placebo (n=137) at Weeks 0, 1, 2, 3, and 4, followed by the same dose every 4 weeks thereafter. At Week 16, patients who received placebo were rerandomized to COSENTYX 150 mg or 300 mg every 4 weeks based on responder status at Week 16 (nonresponders) or Week 24 (responders). Primary end point was the percentage of patients with ACR20 response at Week 24. Autoinjector usability was also examined. Safety assessments included evaluation of AEs, SAEs, and immunogenicity.¹

ACR=American College of Rheumatology; AE=adverse event; SAE=serious adverse event.

References: 1. Nash P, Mease PJ, McInnes IB, et al; on behalf of the FUTURE 3 study group. Efficacy and safety of secukinumab administration by autoinjector in patients with psoriatic arthritis: results from a randomized, placebo-controlled trial (FUTURE 3). *Arthritis Res Ther.* 2018;20(1):47.
2. Paul C, Lacour J-P, Tedremets L, et al; for the JUNCTURE Study Group. Efficacy, safety, and usability of secukinumab administration by autoinjector/pen in psoriasis: a randomized, controlled trial (JUNCTURE). *J Eur Acad Dermatol Venereol.* 2015;29(6):1082-1090.
3. Cosentyx. [Prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; May 2021.

Please see additional Important Safety Information on previous pages.

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