SECUKINUMAB is used to treat psoriatic arthritis and ankylosing spondylitis
**Introduction**

Secukinumab is a drug that can help prevent your condition causing damage to your body. You can discuss the benefits and risks of taking secukinumab with healthcare professionals before you start treatment, so you’re able to make an informed decision.

**What is secukinumab and how is it used?**

Secukinumab (trade name Cosentyx) is a type of biological therapy. It attaches itself to a protein in the immune system called IL-17A. This modifies the activity of the immune system to reduce the inflammation that causes the symptoms of psoriatic arthritis (saw-ree-at-ik arth-ri-tis) and ankylosing spondylitis (an-kee-low-sing spon-dee-lie-tis).

If secukinumab works for you, you’ll probably start to notice the benefits in the first four months of treatment. Some people notice an improvement in the first few weeks.

Secukinumab can be prescribed by a consultant rheumatologist for adults with psoriatic arthritis and ankylosing spondylitis. Secukinumab will only be prescribed if you’ve already tried other treatments appropriate for your condition and these have not worked well enough. It can be used alone or with another disease-modifying drug called methotrexate.

**Is secukinumab suitable for me?**

Your doctor may decide not to prescribe secukinumab if:

- you have an infection, or you’ve had repeated or serious infections in the past
- you have an inflammatory bowel disease
- you’re having phototherapy or other treatments for psoriasis (saw-rye-a-sis)
- you’re pregnant, planning to become pregnant, or breastfeeding.
You’ll have health checks and possibly blood tests before starting secukinumab to assess your condition and to make sure the drug is suitable for you.

Your doctor will check if you’ve previously been exposed to tuberculosis (TB). Even if you don’t have symptoms, the bacteria that cause TB may still be present in the body and you may need a course of treatment to deal with this before starting secukinumab.

You may also be checked for previous hepatitis infection and may be offered antiviral treatment to reduce the risk of hepatitis coming back.

Your doctor may assess your risk of HIV infection and may suggest a test. If you have the HIV infection, your doctor may want to make sure it’s well controlled before starting secukinumab.

If you’re taking other drugs alongside your secukinumab, such as methotrexate, you’ll still need regular blood tests for these.

**When and how do I take secukinumab?**

Secukinumab is given as an injection under the skin (subcutaneous injection). After the first dose you will be given another four at weekly intervals, and one each month from then on.

It is available in a pre-filled syringe or pen so you, your partner, or another family member can learn to give these injections at home.

If you miss a dose or take one too soon, ask your rheumatology team for advice on when to take your next dose.

If you have a latex allergy you should mention this to your doctor as the needle cover on the pre-filled syringe may contain latex and could cause a reaction.
Because it is a long-term treatment, it’s important to keep taking secukinumab, unless you have severe side effects or an infection:

- even if it doesn’t seem to be working at first
- even when your symptoms improve (to help keep your condition under control).

If you have any symptoms of infection before having an injection, tell your healthcare team. You may need to delay the treatment.

**Possible risks and side effects**

As with all medicines, some people will have side effects but many people won’t have any problems. You should speak to your rheumatology team if you have any side effects.

The most common side effects with secukinumab are diarrhoea, cold sores, a runny nose and sore throat. These aren’t usually serious.

Some people may have skin reactions at the injection site. Very rarely, some people may have a more severe allergic reaction with sudden swelling, a rash or breathlessness. If you do develop these symptoms, or any other severe symptoms, during or soon after a dose of secukinumab, you should seek medical advice straight away.

Because secukinumab affects your immune system you may be more likely to pick up infections, including coughs and colds, chest infections, stomach upsets and urinary tract infections.

If you have any symptoms of infection (including fever, feeling tired or short of breath, a persistent cough or diarrhoea) or if you’re in any doubt, speak to your rheumatology team immediately. They may advise you to delay your next dose until you’re better.
You should also speak to your rheumatology team if you develop chickenpox or shingles, or come into contact with someone who has chickenpox or shingles. Your doctor may advise antiviral treatment and stopping secukinumab until you’re better.

**Tips to reduce your risk of infection**

- Try to avoid close contact with people you know have an infection.
- Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you’re a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

**Taking other medicines**

You may be taking methotrexate as well as secukinumab. Check with your doctor before starting any new medicines, and remember to mention you’re on secukinumab if you’re treated by anyone other than your usual rheumatology team.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers, if needed, unless your doctor advises otherwise.

Don’t take over-the-counter or herbal medicines without discussing it first with your rheumatology team.

It’s recommended that you carry a biological therapy alert card, so anyone treating you will know that you’re on secukinumab – ask your rheumatology team for a card.
**Vaccinations**

It’s best to discuss vaccinations, including any you may need if you’re planning to travel abroad, with your rheumatology team. If possible, it’s best to have any vaccinations you may need before you start taking secukinumab.

Live vaccines aren’t usually recommended for people who are already on secukinumab. These include measles, mumps and rubella (MMR), tuberculosis (BCG), yellow fever and shingles vaccines.

Pneumococcal (new-mow-kok-al) vaccines, which help to protect against pneumonia (new-mow-nee-ah), and yearly flu vaccines – except for the nasal flu vaccine – are fine and are usually recommended, although they may not be quite so effective if you have them after starting secukinumab.

**Having an operation**

If you’re thinking about having an operation or dental surgery, talk this over with your specialists, as secukinumab may increase the risk of getting an infection after surgery. Depending on the type of surgery, you may be advised to stop secukinumab for a time before and after surgery.

**Alcohol**

There’s no known interaction between secukinumab and alcohol. However, alcohol can make psoriasis worse, so if you’re taking secukinumab for psoriatic arthritis it’s best to keep well within the recommended limits of no more than 14 units of alcohol per week for adults.
This limit is also recommended if you’re taking methotrexate alongside secukinumab, because methotrexate can interact with alcohol and damage your liver. In some circumstances your doctor may advise lower alcohol limits.

**Fertility, pregnancy and breastfeeding**

There’s limited information available about how secukinumab might affect pregnancy. If you’re thinking of trying for a baby, talk to your doctor. Women who could become pregnant should use effective contraception while taking secukinumab and for at least five months after stopping treatment.

It’s not yet known whether secukinumab passes into human breast milk, so you should talk to your rheumatology team if you’re thinking of breastfeeding.

There is currently no information available on whether secukinumab might affect male or female fertility.

This leaflet is a guide to secukinumab, its benefits and potential side effects. If there’s anything else you’d like to know about this drug, just ask the healthcare professionals in charge of your care.

**Thank you!**

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