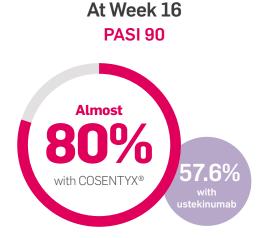


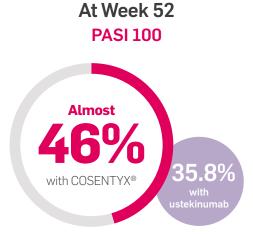
### For the psoriasis you see

# The CLEAR study observed patients at **16 weeks** and after **a year** of treatment:

COSENTYX® demonstrated **superior PASI 90 response at Week 16 and PASI 100 response at Week 52** vs. ustekinumab in a head-to-head study of patients with moderate to severe plaque psoriasis.<sup>2\*</sup>

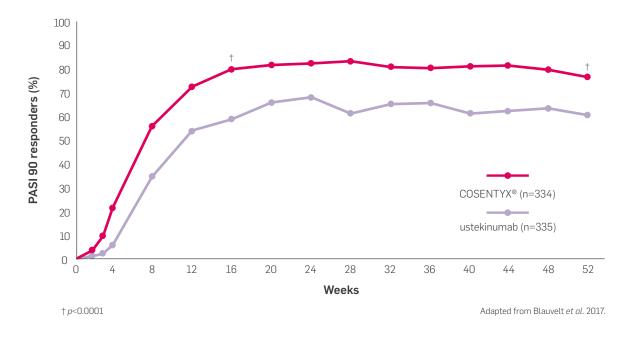


79% of patients on COSENTYX® achieved PASI 90 vs. 57.6% on ustekinumab  $(p<0.0001; primary endpoint)^{2*}$ 



45.9% of patients on COSENTYX® achieved PASI 100 vs. 35.8% on ustekinumab (p=0.0333; secondary endpoint)2\*

# Percentage of COSENTYX® 300 mg patients who achieved PASI 90 at Week 52 vs. ustekinumab (secondary endpoint)\*



PASI: Psoriasis Area and Severity Inde:

<sup>\*</sup> CLEAR was a phase 3b randomized, double-blind, **head-to-head** trial. Patients were randomized in a 1:1 ratio to receive subcutaneous injections of COSENTYX® 300 mg (n=337), or ustekinumab 45 mg or 90 mg for patients  $\leq$ 100 kg and >100 kg, respectively (n=339). COSENTYX® injections were administered once weekly at Weeks 0, 1, 2 and 3, then monthly from Week 4 onward. Ustekinumab injections were administered at Weeks 0, 4, and then every 12 weeks. Placebo injections matching the COSENTYX® dose regimen were given to subjects in the ustekinumab group to maintain blinding. Randomization was stratified by body weight ( $\leq$ 100 kg and >100 kg).<sup>2</sup>

# Percentage of COSENTYX® patients who achieved PASI 75 at Weeks 4 (secondary endpoint), 12 and 16 vs. ustekinumab<sup>2\*</sup>



At Week 4 **50%** 

of patients on COSENTYX® achieved PASI 75 vs. **20.6%** on ustekinumab (*p*<0.0001; secondary endpoint)<sup>2\*</sup>



**PASI 75** 

At Week 12 **91%** 

of patients on COSENTYX® achieved PASI 75 vs. **79.1%** on ustekinumab (*p*<0.0001)<sup>2\*</sup>



At Week 16 **93**%

of patients on COSENTYX® achieved PASI 75 vs. **82.7%** on ustekinumab (p=0.0001) $^{2*}$ 

#### Indication and clinical use:

COSENTYX® (secukinumab) is indicated for the treatment of:

- Moderate to severe plague psoriasis in adult patients who are candidates for systemic therapy or phototherapy
- Severe plaque psoriasis in pediatric patients 12 to less than 18 years of age who are candidates for systemic therapy or phototherapy and have a body weight ≥50 kg
- Adult patients with active psoriatic arthritis when the response to previous disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate. COSENTYX® can be used alone or in combination with methotrexate
- · Adult patients with active ankylosing spondylitis who have responded inadequately to conventional therapy

Geriatric patients ≥65 years of age: although limited in patient number, no differences in safety or efficacy were observed between older and younger patients.

Pediatrics <18 years of age: safety and effectiveness in pediatric patients with severe plaque psoriasis below the age of 12 years have not been established. Safety and effectiveness in pediatric patients with the principal diagnosis of psoriatic arthritis or ankylosing spondylitis below the age of 18 years have not been established.

#### **Contraindications:**

· Severe hypersensitivity to the active substance or any of its components

#### Relevant warnings and precautions:

- Infections: could potentially increase risk of infections; caution in patients with a chronic infection or history of recurrent infections; patients should be evaluated for tuberculosis prior to initiation of treatment with COSENTYX®
- Caution in patients with active inflammatory bowel disease
- Caution in latex-sensitive patients: natural rubber latex derivatives in the removable cap of the prefilled syringe/COSENTYX® SensoReady® pen
- Consider completion of all age-appropriate immunizations according to current guidelines prior to treatment; should not be used with live vaccinations; can be used with those that are inactivated or non-live
- · Hypersensitivity reactions: rare cases of anaphylaxis and cases of urticaria occurred in COSENTYX®-treated patients in clinical trials
- Pregnancy: should only be used if the potential benefit justifies the potential risk to the fetus
- Nursing women: caution should be exercised

#### For more information:

Consult the Product Monograph at www.novartis.ca/CosentyxMonograph for important information relating to adverse reactions, drug interactions and dosing information which has not been discussed in this piece. The Product Monograph is also available by calling 1-800-363-8883.

References: 1. COSENTYX® Product Monograph, January 20, 2021. 2. Blauvelt A, Reich K, Tsai T-F, et al. Secukinumab is superior to ustekinumab in clearing skin of subjects with moderate-to-severe plaque psoriasis up to 1 year: results from the CLEAR study. J Am Acad Dermatol. 2017;76(1):60-69.e9. doi: 10.1016/j.jaad.2016.08.0086.







