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Two pivotal psoriasis studies demonstrate secukinumab* achieves clear or almost clear skin in majority of patients

- Data published in the New England Journal of Medicine (NEJM) showed eight-out-of-ten patients treated with secukinumab* 300mg achieved PASI 75, while more than half achieved PASI 90 – experiencing nearly clear skin in 12 weeks. These findings represent a significant improvement in treatment outcomes compared to an existing NICE-recommended treatment (etanercept)¹

- Secukinumab* was shown to clear skin more rapidly than etanercept, with patients’ rate of response continuing to improve until week 16¹

- Superior efficacy outcomes of secukinumab* were sustained out to Week 52 with comparable incidences of adverse events to etanercept²

- Approximately 360,000 people in the UK have moderate to severe psoriasis²,³ – up to 60 per cent are currently estimated to abandon treatment within four years due to dissatisfaction.⁴ Secukinumab* could address an unmet need in psoriasis following CHMP opinion expected late in 2014

Frimley, July 09, 2014 – New data published online in the New England Journal of Medicine (NEJM) today confirm the superior efficacy of secukinumab*, an interleukin-17A (IL-17A) inhibitor, over a NICE-recommended treatment (etanercept) by achieving high levels of clear or nearly clear skin for people with moderate to severe psoriasis at 12 Weeks. The secukinumab 300mg patients’ rates of response continued to improve from Week 12 to Week 16 and stabilised thereafter, with sustained superiority over etanercept out to 52 Weeks.¹

The NEJM reported on two pivotal studies (ERASURE and FIXTURE) that met all primary and secondary endpoints and are part of the largest Phase III clinical trial programme for moderate to severe plaque psoriasis completed to date. Seven UK centres were part of the FIXTURE study.

Professor Christopher Griffiths, Foundation Professor of Dermatology, University of Manchester and Consultant Dermatologist at Salford Royal NHS Foundation Trust, explains the impact of psoriasis on the lives of people living with the condition and the need for new options: “Currently, there is no cure for psoriasis and people affected by the condition live with life-long, debilitating symptoms that can significantly affect their physical and mental health. Patients want freedom from this so they can get on with their lives. Today’s publication demonstrates that secukinumab delivers high levels of skin clearance and has the potential to be an important new treatment option for psoriasis in the future”.

* Secukinumab is in development and not currently licensed for treatment in the United Kingdom

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Both published studies measured the number of patients who experienced a 75 per cent reduction in affected skin and severity of psoriasis (known as PASI 75) at Week 12. The ERASURE trial demonstrated 81.6% of patients treated with secukinumab 300mg achieved PASI 75 at week 12. The FIXTURE trial demonstrated similar results with 77.1 per cent of patients treated with secukinumab 300mg achieving PASI 75 at week 12, significantly more than those on etanercept (44.0 per cent), (p<0.001 for all comparisons).1

Secukinumab was also shown to clear skin more rapidly – on average, patients treated with secukinumab 300mg achieved 50 per cent reduction in affected skin and severity of psoriasis after three weeks treatment, vs. seven weeks with etanercept.1

The publication reported on the number of patients who achieved nearly clear (PASI 90) or completely clear skin (PASI 100) at Week 12. In FIXTURE, twice as many patients on secukinumab 300mg experienced nearly clear skin at 12 weeks compared to etanercept (54.2 per cent vs 20.7 per cent, p<0.001). Five times more patients treated with secukinumab 300mg experienced clear skin compared to those treated with etanercept (24.1 per cent vs. 4.3 per cent p<0.001). The majority of these patients maintained clear or nearly clear skin with treatment up to the end of the study at Week 52.1

Over 1,000 patients received secukinumab across both trials. In FIXTURE, incidences of adverse events (AEs) in the secukinumab groups during the entire 52-week treatment period were comparable with etanercept. In both studies, incidence of AEs were slightly higher for secukinumab than in the placebo group, mostly consisting of mild to moderate upper respiratory tract infections. Rates of serious infections were similar to etanercept. Mild and moderate candida infections were more common in patients treated with secukinumab than with etanercept, however none resulted in a chronic infection or discontinuation of the drug, and all resolved on their own or with standard therapy.1

The impact of psoriasis on quality of life has been demonstrated to be comparable to conditions such as cancer, arthritis and diabetes.5 In the UK, approximately 1.8 million people live with psoriasis and 20 per cent are thought have moderate to severe psoriasis.2,3

Obvious symptoms of psoriasis include red, itchy skin with scaly patches (plaques).6,7 People with moderate to severe psoriasis may have an increased risk of comorbidities, including psoriatic arthritis, obesity, metabolic syndrome, cardiovascular disease, psychiatric illness and cancer.8-11 Psoriasis has been shown to be associated with depression, anxiety and suicidality (350 cases per year).12

Secukinumab is the first IL-17A inhibitor with Phase III data published in psoriasis and regulatory submissions filed with global health authorities. The European Medicine’s Agency Committee for Medicinal Products for Human Use (CHMP) opinion on secukinumab is expected late in 2014.

Novartis is committed to increasing clinical understanding of psoriasis treatment with secukinumab. Phase IIIb studies in different types of psoriasis are ongoing, including a local UK study, the SIGNATURE trial. The SIGNATURE trial is currently recruiting in the UK, more information can be found by contacting Novartis medical information on medinfo.uk@novartis.com.
Additional information about ERASURE and FIXTURE

ERASURE and FIXTURE assessed the efficacy, safety and tolerability at Week 12 and at Week 52 with subcutaneous secukinumab 300mg or 150mg in patients with moderate to severe plaque psoriasis. Both studies were multicentre, randomised, double-blind, placebo-controlled (FIXTURE: also active-controlled), parallel-group Phase III trials involving 738 patients and 1,306 patients with moderate to severe plaque psoriasis, respectively. FIXTURE is the first full-year blinded, direct comparison of biologic therapies for psoriasis in a Phase III study.¹

One year data from the ERASURE study show that patients treated with secukinumab experienced a significant improvement in skin clearance compared to those on placebo:¹

- Secukinumab patients also reported superior improvements in itching, pain and scaling, compared to placebo, at Week 12

One year data from the FIXTURE study show that patients treated with secukinumab 300mg were more likely to experience nearly clear (PASI 90) or clear (PASI 100) skin than those treated with etanercept:¹

- In FIXTURE, secukinumab 300mg patients’ skin cleared more rapidly than etanercept 50mg patients
  - On average, secukinumab 300mg patients had their symptoms halved by Week 3

In both ERASURE and FIXTURE:¹

- Secukinumab 300mg was also superior to comparator arms in IGA mod 2011 0/1 response at Week 12
- Response over time suggests that PASI 75 / 90 / 100 and IGA response rates improved from Week 12 to Week 16 and stabilised thereafter
- Improved response was maintained up to Week 52 in the majority of secukinumab patients who continued treatment
- The 300mg dose of secukinumab showed numerically and clinically relevant improvements compared to 150mg
- Incidence of adverse events was similar between both secukinumab treatment arms (300mg and 150mg)

Additional information about secukinumab psoriasis studies

Phase III results for secukinumab in moderate to severe plaque psoriasis were first presented in October 2013, with additional results to be presented in 2014 for both moderate to severe plaque psoriasis and arthritic conditions (psoriatic arthritis and ankylosing spondylitis). Phase IIIb studies are also ongoing, including the head-to-head CLEAR study of secukinumab versus ustekinumab in moderate to severe plaque psoriasis and studies in palmo-plantar psoriasis, nail psoriasis and palmo-plantar pustulosis.

The SIGNATURE trial is the UK’s largest clinical trial investigating a potential new biologic treatment for psoriasis.¹³ SIGNATURE is designed to provide more information about secukinumab for the treatment of moderate to severe psoriasis in adults. The trial aims to investigate whether secukinumab is an appropriate choice in patients who have had an inadequate response to anti-TNFα therapy (TNF-IR) according to NICE definitions.⁷,¹⁴

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Additional information about seckukinumab* and interleukin-17A (IL-17A)
Secukinumab (AIN457) is a fully human monoclonal antibody that selectively binds to and neutralises interleukin-17A (IL-17A). IL-17A is a central cytokine (messenger protein) involved in the development of psoriasis and is found in high concentration in skin affected by the disease. Research shows that IL-17A plays a key role in driving the body's autoimmune response in disorders such as moderate to severe plaque psoriasis and is a preferred key target for investigational therapies.

Disclaimer
The foregoing release contains forward-looking statements that can be identified by words such as "could," "indicating," "suggests," "investigational," "to be presented," "ongoing," "committed," "early stage development," "commitment," or similar terms, or by express or implied discussions regarding potential AIN457 or any other dermatology products, or regarding potential future revenues from such products. You should not place undue reliance on these statements. Such forward-looking statements are based on the current beliefs and expectations of management regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialise, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. There can be no guarantee that AIN457 or any other dermatology products will be submitted or approved for sale in any market, or at any particular time. Nor can there be any guarantee that AIN457 will receive regulatory approval or be commercially successful in the future. In particular, management's expectations regarding AIN457 could be affected by, among other things, the uncertainties inherent in research and development, including unexpected clinical trial results and additional analysis of existing clinical data; unexpected regulatory actions or delays or government regulation generally; the company's ability to obtain or maintain proprietary intellectual property protection; general economic and industry conditions; global trends toward health care cost containment, including ongoing pricing pressures; unexpected manufacturing issues, and other risks and factors referred to in Novartis AG's current Form 20-F on file with the US Securities and Exchange Commission. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

About Novartis
Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Headquartered in Basel, Switzerland, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, eye care, cost-saving generic pharmaceuticals, preventive vaccines, over-the-counter and animal health products. Novartis is the only global company with leading positions in these areas. In 2013, the Group achieved net sales of USD 57.9 billion, while R&D throughout the Group amounted to approximately USD 9.9 billion (USD 9.6 billion excluding impairment and amortization charges). Novartis Group companies employ approximately 135,000 full-time-equivalent associates and sell products in more than 150 countries around the world. For more information, please visit http://www.novartis.com.

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