

Drug information
Ixekizumab

IXEKIZUMAB

is used to treat psoriasis
and psoriatic arthritis

VERSUS
ARTHRITIS

Introduction

Ixekizumab (ics-eh-kiz-oo-mab) is used to treat psoriasis (seh-rye-a-sis) and psoriatic arthritis (soh-rye-at-ik arth-rye-tus). It can improve skin symptoms linked to psoriasis and help to reduce inflammation in the joints and surrounding tissues.

What is ixekizumab and how is it used?

Ixekizumab, trade name Taltz, is a type of biological therapy known as an interleukin inhibitor. Interleukins are proteins that cause inflammation in your body. By slowing down the activity of these proteins, ixekizumab can reduce the inflammation, pain and symptoms of psoriatic arthritis.

Ixekizumab can be prescribed by a consultant rheumatologist for adults with psoriatic arthritis when other treatments haven't worked. It's a long-term treatment, so it may be around four or five months before you start to notice the benefits. It can be used alone or with the disease-modifying anti-rheumatic drug (DMARD) methotrexate.

Is ixekizumab suitable for me?

Ixekizumab won't be started if:

- your arthritis isn't active
- you haven't tried other treatments appropriate for your condition first.

Your doctor may decide not to prescribe ixekizumab if:

- you have an infection, or you've had repeated or serious infections in the past
- you have bowel conditions such as Crohn's (krones) disease or ulcerative colitis (ul-ser-a-tive co-lye-tus)

- you're having phototherapy or other treatments for psoriasis
- you're pregnant, planning to become pregnant, or breastfeeding.

You'll have blood tests and other health checks before starting ixekizumab to make sure it's 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 causes TB may still be present in the body and you may need treatment for this before starting ixekizumab.

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 will assess your risk of HIV infection and may suggest a test.

If you're taking other drugs alongside your ixekizumab, such as methotrexate, you'll also need to continue your regular blood tests for these.

When and how do I take ixekizumab?

Ixekizumab is given as an injection into a layer of fat just under the surface of the skin. This is known as a subcutaneous injection.

To treat your psoriatic arthritis, you'll have one dose every month. If you have psoriasis as well as psoriatic arthritis, you'll have a dose every 2 weeks for 12 weeks, and one each month after that. It's 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.

Ixekizumab information booklet

Because it's a long-term treatment, it's important to keep taking ixekizumab, unless you have severe side effects or an infection:

- even if it doesn't seem to be working at first, as it can take several months to take effect
- even when your symptoms improve, as you will need to continue to take it to help keep your condition under control.

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

Possible risks and side effects?

As with all medicines, some people will have side effects. The most common side effects with ixekizumab are a sore throat, stuffy nose and headaches. Some people may have side effects soon after the injection such as soreness around the injection site. The more common side effects aren't usually serious.

Because ixekizumab affects the immune system, it can make you more likely to pick up infections. It can also make them harder to spot. If you develop any signs of infection such as a sore throat or fever, persistent cough, diarrhoea, or any other new symptoms that concern you, speak to your rheumatology team immediately. They may advise you to delay your next dose until you're better.

You should also see your doctor if you develop chickenpox or shingles or come into contact with someone who has chickenpox or shingles. These illnesses can be more severe if you're on ixekizumab. You may need antiviral treatment, and you may have to stop the drug 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.

Using other medicines

You can take methotrexate and ixekizumab at the same time. Check with your doctor before starting any new medicines, and remember to mention you're on ixekizumab 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 ixekizumab – ask your rheumatology team for a card.

Vaccinations

It's best to discuss vaccinations with your healthcare team and, if possible, to have any vaccinations you may need before you start taking ixekizumab.

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

Pneumococcal (new-mo-cock-all) vaccines, which help to protect against pneumonia (new-mo-nee-uh), and yearly flu vaccines are fine and are usually recommended.

Having an operation

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

Alcohol

There's no known interaction between ixekizumab and alcohol, so it's fine to have a drink if you're taking this medication.

Government guidelines say adults should have no more than 14 units of alcohol a week. This is equivalent to about six glasses of wine or six pints of beer. If you're taking methotrexate alongside ixekizumab, your doctor might advise lower limits. Methotrexate can interact with alcohol and damage your liver.



You can find out more about units of alcohol at:
www.drinkaware.co.uk

Fertility, pregnancy and breastfeeding

There's limited information available about how ixekizumab might affect pregnancy. If you're thinking of trying for a baby, talk to your doctor. Women who could become pregnant should use contraception while taking ixekizumab and for at least 10 weeks after stopping treatment.

Similarly, we don't yet know whether ixekizumab passes into human milk, so you shouldn't take ixekizumab if you're breastfeeding.

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

This leaflet is a guide to ixekizumab, 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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