IXEKIZUMAB
is used to treat psoriatic arthritis and ankylosing spondylitis
What is ixekizumab?

Ixekizumab, trade name Taltz, is a type of biological therapy known as an interleukin inhibitor. It’s used to treat psoriatic arthritis and ankylosing spondylitis.

In these conditions, too much of a protein called interleukin-17A is produced in the body. This causes inflammation, pain and damage to your joints. Interleukin inhibitors such as ixekizumab block these proteins and reduce this inflammation. This drug can also be used to treat the skin condition psoriasis.

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.

Who can take ixekizumab?

Ixekizumab won’t be started if:

- your condition isn’t active
- you haven’t tried other treatments for your condition first
- you have an infection.

Before you’re prescribed ixekizumab, your doctor may use a scoring system to assess how many of your joints are painful or swollen, as a measure of how active your condition is.

You may need blood tests and a chest X-ray before treatment to see whether the drug is suitable for you.

Your doctor may decide not to prescribe ixekizumab if:

- you’ve had repeated or serious infections in the past
- you have bowel conditions such as Crohn’s disease or ulcerative colitis
- you’re having phototherapy or other treatments for psoriasis
- you’re pregnant, planning to become pregnant, or breastfeeding.

Your doctor will also 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 also assess your risk of HIV infection and may suggest that you have a test for this before starting ixekizumab.

How is it taken?

Ixekizumab is given by an injection under the skin, this is known as a subcutaneous injection.

You, your partner, or another family member can learn to give the injections at home.

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

- even if it doesn’t seem to be working at first
- even when your symptoms improve, as this will help to keep your condition under control.

If you forget to take your ixekizumab contact your rheumatology team. They’ll be able to advise you on when to take it next.
Possible risks and side effects?

As with all drugs, some people will have side effects. The most common side effects with ixekizumab, aren’t usually serious and include:

• a sore throat
• stuffy nose
• headaches
• soreness around the injection site.

Because ixekizumab affects the immune system, it can make you more likely to pick up infections. It can also make them harder to spot. Speak to your healthcare team immediately if you develop any signs of infection such as:

• a sore throat
• fever
• persistent cough
• diarrhoea

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 them. These illnesses can be more severe if you’re on ixekizumab. You may need antiviral treatment, and you may have to stop taking ixekizumab 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.

Carrying an alert card

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.

Effects on other treatments

You can take methotrexate and ixekizumab at the same time. You can also carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers, if needed, unless your doctor advises otherwise.

Check with your doctor before starting any new treatments and remember to mention you’re on ixekizumab if you’re treated by anyone other than your usual rheumatology team.

Don’t use complementary treatments, such as herbal remedies, without discussing this first with your doctor or pharmacist as some of them could react with ixekizumab.

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) and yellow fever vaccines.

The Zostavax shingles vaccine is also a live vaccine and isn’t recommended for people who are on ixekizumab. However, a non-live shingles vaccine (Shingrix) is available so you may be able to have this instead.

It’s recommended that you have the vaccination against COVID-19 as well as the pneumonia vaccine and the yearly flu vaccine while taking ixekizumab. These vaccines are not live so, it’s safe for you to have them.
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 need to avoid alcohol while taking ixekizumab.

Guidelines state that adults shouldn’t have more than 14 units a week, and that they should be spread out over the course of the week. In some circumstances your doctor may advise lower limits.

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. People 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 fertility in both men and women.

Where to go for more information

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.

You can also call our free helpline on 08005200520, where our trained advisors can offer support and advice on your type of arthritis.

Visit our website www.versusarthritis.org to find out more.

Thank you!

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