

Drug information

Ustekinumab

USTEKINUMAB

is used to treat psoriasis and
psoriatic arthritis

VERSUS
ARTHRITIS

Introduction

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

What is ustekinumab and how is it used?

Ustekinumab (trade name Stelara) is a type of biological therapy. It blocks the action of two proteins called IL-12 and IL-23 in order to reduce the inflammation that causes symptoms of psoriatic arthritis (saw-ree-at-ic arth-ri-tis).

Ustekinumab can improve skin symptoms linked to psoriasis (saw-rye-a-sis) and help to reduce inflammation in the joints and surrounding tissues. Most people who benefit from this treatment will notice an improvement within six months of starting treatment.

Ustekinumab can be prescribed by a rheumatology specialist for adults with active psoriatic arthritis. It won't be prescribed if you haven't tried other treatments for your condition first. It may be used on its own or with other disease-modifying drugs such as methotrexate.

Is ustekinumab suitable for me?

Your doctor may decide not to prescribe ustekinumab if:

- you have an infection, or have had repeated or serious infections
- you've had phototherapy treatment for psoriasis
- you've had injections to treat allergies
- you've had cancer
- you're pregnant, planning to become pregnant, or breastfeeding.

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.

You'll have blood tests and other health checks before starting ustekinumab 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 cause TB may still be present in the body and you may need treatment for this before starting ustekinumab.

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

Your doctor may assess your risk of HIV infection and may suggest a test. At present, there's little information about how ustekinumab might affect you if you're HIV-positive, so your doctor may decide not to prescribe it.

When and how do I take ustekinumab?

Ustekinumab is given as an injection under the skin (subcutaneous injection) using a pre-filled syringe, avoiding areas of psoriasis. After the first dose you'll be given another at four weeks, then every 12 weeks from then on.

The prescribed dose will depend on your weight. To begin with, a nurse will usually give you the injections. But you, your partner, or another family member can also be shown how to give them.

If you miss a dose, ask your rheumatology team for advice on when you should have your next dose.

Because it is a long-term treatment, it's important to keep taking ustekinumab (unless you have severe side effects):

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

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 do have side effects.

The most common side effects with ustekinumab are a sore throat or stuffy nose and headaches. Some people may have side effects soon after the injection – these include sickness, diarrhoea, dizziness or light-headedness, and soreness around the injection site. These more common side effects aren't usually serious.

Some people may have a more severe allergic reaction with sudden swelling, a rash or breathlessness. This is rare, but if you do develop these symptoms, or any other severe symptoms, during or soon after a dose of ustekinumab, then seek medical advice at once.

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

If you have any symptoms of infection (including fever, feeling tired or short of breath, persistent cough, diarrhoea or burning when passing water), 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 healthcare 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 ustekinumab until you're better.

You'll have regular check-ups, at least every six months, while taking ustekinumab, and if you're also taking drugs such as methotrexate, you'll still need blood tests for these as well.

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 ustekinumab. However, some medicines may interact with ustekinumab. Check with your doctor before starting any new medicines, and remember to mention you're on ustekinumab 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 ustekinumab – 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 ustekinumab treatment.

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

Pneumococcal (new-mow-cok-al) vaccines, which help to protect against pneumonia, 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 you've started on ustekinumab.

Having an operation

If you're thinking about having surgery, talk this over with your rheumatology team and surgeon. Because ustekinumab could increase the risk of infection after an operation or dental surgery, they may advise you to stop ustekinumab for a time before and after surgery.

Alcohol

There's no known interaction between ustekinumab and alcohol. However, alcohol can make psoriasis worse, so it's best to keep well within the recommended limits of no more than 14 units of alcohol per week for adults.

This is also recommended if you're taking methotrexate alongside ustekinumab, because methotrexate and alcohol can interact and affect your liver. In some circumstances your doctor may advise lower limits.

Fertility, pregnancy and breastfeeding

There's limited information available on how ustekinumab might affect pregnancy. Women who could become pregnant should use effective contraception while being treated with ustekinumab and for four months after stopping treatment.

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

There's currently no information on whether ustekinumab might affect male or female fertility.

This leaflet is a guide to ustekinumab, 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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