

DERMATOLOGY BULLETIN

Promoting Research and Education in Dermatology

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(ixekizumab)

Taltz is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy. Taltz, alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies.¹



References:

1, SG Taltz PI approved 04 Apr 2019. 2, Gordon KB et al. N Engl J Med 2016;375:345–356. 3, Blauvelt A et al. J Am Acad Dermatol 2017;77(5):855–862. 4, Gupta MA et al. Cutis 1998;61:339–342. 5, Armstrong AW et al. J Psoriasis Psoriatic Arthritis 2017;2(3):57–63.

Taltz Abbreviated Prescribing Information.

Contents: Ixekizumab. **Indications:** Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy. Use alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drug (DMARD) therapies. **Dosage:** *Plaque psoriasis:* 160mg by subcutaneous injection (two 80mg injections) at Week 0, followed by 80mg (one injection) at Weeks 2, 4, 6, 8, 10 and 12, then maintenance dosing of 80mg (one injection) every 4 weeks. *Psoriatic arthritis:* 160mg by subcutaneous injection (two 80mg injections) at Week 0, followed by 80mg (one injection) every 4 weeks thereafter. For psoriatic arthritis patients with concomitant moderate to severe plaque psoriasis, the recommended dosing regimen is the same as for plaque psoriasis. The pre-filled pen must not be shaken. **Contraindications:** Serious hypersensitivity to active substance or excipients, clinically important active infections (e.g. active tuberculosis). **Special precautions:** Increased rate of infections e.g. upper respiratory tract infection, oral candidiasis, conjunctivitis and tinea infections. Use with caution in patients with clinically important chronic infection. If such an infection develops and the patient is not responding to standard therapy or the infection becomes serious, Taltz should be discontinued and not be resumed until the infection resolves. Taltz must not be given to patients with active tuberculosis (TB). Consider anti-TB therapy prior to initiation of Taltz in patients with latent TB. Serious hypersensitivity reactions, including some cases of anaphylaxis, angioedema, urticaria and, rarely, late (10–14 days following injection) serious hypersensitivity reactions including widespread urticaria, dyspnea and high antibody titres have been reported. Caution should be exercised when prescribing Taltz to patients with inflammatory bowel disease, including Crohn's disease and ulcerative colitis, and patients should be monitored closely. Taltz should not be used with live vaccines. No data are available on the response to live vaccines; there are insufficient data on response to inactivated vaccines. Women of childbearing potential should use effective method of contraception during treatment and for at least 10 weeks after treatment. Preferable to avoid the use of Taltz during pregnancy and decision should be made to discontinue breastfeeding or Taltz in breastfeeding women. **Adverse Reactions:** Very Common: Upper respiratory tract infection, injection site reactions. Common: Tinea infection, Herpes simplex (mucocutaneous), oropharyngeal pain, nausea. **Drug interactions:** Caution when used with CYP450 substrates with narrow therapeutic index e.g. warfarin. Therapeutic monitoring should be considered if ixekizumab is given concurrently with these types of medicinal products. No interaction was seen with methotrexate and/or corticosteroids in psoriatic arthritis. Safety of Taltz in combination with other immunomodulatory agents or phototherapy has not been evaluated in plaque psoriasis. **Presentation:** Pre-filled pen 80mg/mL x 1s. **Date of Revision:** 23 Apr 2019. **Reference:** Taltz Singapore PI revised 05 Sep 2018.

Full prescribing information is available upon request.

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