Ixekizumab (Taltz®)

Ixekizumab (Taltz) is a humanized IgG4 monoclonal antibody that selectively binds with the interleukin 17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Ixekizumab inhibits the release of proinflammatory cytokines and chemokines.

Resources from Manufacturer

Patient Medication Guide
Full Prescribing Information
Taltz Co-pay Card
LillyCares Patient Assistance Foundation

FDA-Approved Indications and Dosing in Rheumatology

Ixekizumab is indicated for:

- Patients aged 6 years or older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy
- Adults with active psoriatic arthritis
- Adults with active ankylosing spondylitis
- Adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation

Subcutaneous Dosing

- Adult Plaque Psoriasis: 160 mg (two 80 mg injections) at Week 0, followed by 80 mg at Weeks 2, 4, 6, 8, 10, and 12, then 80 mg every 4 weeks.
- Pediatric Plaque Psoriasis:

Weight	Dosing
<25 kg	40 mg at Week 0, followed by 20 mg every 4 weeks
25-50kg	80mg at Week 0 followed by 40mg every 4 weeks
>50 kg	160 mg (two 80 mg injections) at Week 0, followed by 80 mg every 4 weeks

- Psoriatic Arthritis: 160 mg by subcutaneous injection (two 80 mg injections) at Week 0, followed by 80 mg every 4 weeks. For psoriatic arthritis patients with coexistent moderate-to-severe plaque psoriasis, use the dosing regimen for adult plaque psoriasis
- Ankylosing Spondylitis: 160 mg by subcutaneous injection (two 80 mg injections) at Week 0, followed by 80 mg every 4 weeks.
- Non-radiographic Axial Spondyloarthritis: Recommended dosage is 80 mg by subcutaneous injection every 4 weeks

Contraindications

Serious hypersensitivity reaction to ixekizumab or to any of the excipients

ACR/ARP Medication Guide

American College of Rheumatology
Empowering Rheumatology Professionals

Association of Rheumatology Professionals
The Interprofessional Division of the American College of Rheumatology

Warnings and Precautions

1. Serious Infections – do not administer ixekizumab during an active infection, including localized infections. If a serious infection develops, interrupt ixekizumab until the infection is controlled.
2. Tuberculosis: evaluate for TB prior to initiating treatment
3. Inflammatory Bowel Disease: Crohn's disease and ulcerative colitis, including exacerbations have occurred. Monitor patients for onset of exacerbation
4. Live vaccines–avoid use with ixekizumab.
5. Pregnancy–unknown

Adverse Reactions (≥1%)

- Injection site reactions
- Upper respiratory tract infections
- Nausea
- Tinea infections

Medication Strength and Preparations

- Autoinjector: 80 mg/mL prefilled autoinjector
- Prefilled Syringe: 80 mg/mL prefilled syringe

Medication Administration and Storage

- Should be stored between 2°C to 8°C and may be used if stored at room temperature for less than 5 days

Subcutaneous Administration

- Before injecting, allow injection to warm to room temperature for 30 – 90 minutes prior to administration
- Inject subcutaneously into front of thigh, lower abdomen (avoid injecting within 2 inches of navel), or outer area of upper arm
- Do not administer into tender, bruised, red or hard skin
- Rotate injection sites (≥ 1 inch apart)
- Safe at room temperature (defined as 20°C and 25°C (68°F and 77°F)) for up to 5 days

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