



Stelara (Ustekinumab)

What is Stelara?

Stelara (also referred to by its generic name, Ustekinumab) is a biologic medication that is used to treat severe psoriasis and/or psoriatic arthritis. Biologics are modern medications that are made using living cells, designed to change or mimic processes within the human body. Stelara is taken by injection.

You can read more about who Stelara is suitable for in the 'Who is it for?' section on this sheet.

How does Stelara work?

Stelara blocks the activity of interleukin 12 (IL-12) and interleukin 23 (IL-23), chemical 'messengers' in the immune system that signal other cells to cause inflammation. In people with psoriasis or psoriatic arthritis, the immune system is overactive and creates too much inflammation, which leads to the development of psoriasis and psoriatic arthritis symptoms. By blocking IL-12 and IL-23, Stelara aims to prevent some of that inflammation from occurring, leading to an improvement in psoriasis or psoriatic arthritis for some people who take it.

Who is Stelara for?

Stelara can be prescribed to treat severe plaque psoriasis in adults and children over the age of six. Usually it will only be offered to people who have not responded to, or cannot take non-biologic systemic treatments including ciclosporin, methotrexate or PUVA light therapy.

Stelara can also be prescribed to treat active and 'progressive' (worsening) psoriatic arthritis if other disease-modifying anti-rheumatic drugs have not worked. This includes other 'anti-TNF' biologic treatments that are available for psoriatic arthritis. This means that if you have taken systemic treatments such as methotrexate, sulfasalazine or leflunomide, or biologic treatments such as Simponi (golimumab), Humira (adalimumab), Enbrel (etanercept) or Remicade (infliximab) for your psoriatic arthritis without a good response, you could be offered Stelara.

Who should not take Stelara?

- People with active infections should not start Stelara. You will be tested to check for infections before starting treatment.
- In most cases, pregnant women should not be treated with Stelara and women should not breastfeed during treatment with Stelara. Women should not fall pregnant or breast feed for 15 weeks after treatment has stopped.

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- Stelara should be used with caution in those with already impaired immune systems, a history of heart failure or a history of cancer. Your Dermatologist or Rheumatologist should discuss this with you, if relevant.
- People with a latex allergy – the needle cover on the pre-filled pen is manufactured from dry natural rubber containing latex, and may cause allergic reactions in individuals sensitive to latex.

How is Stelara used?

Individuals take Stelara at home by giving themselves an injection under the skin via a pre-filled 'pen' device. Most people will be trained by a nurse to give the injection to themselves. The first doses are taken four weeks apart, but after that Stelara is usually taken every 12 weeks. Stelara can be prescribed by itself or is sometimes used in combination with methotrexate.

People taking Stelara will have regular blood tests every three to six months- usually carried out by Dermatology Nurses, or by their own GP- to monitor for infections or other possible effects of the treatment. People taking Stelara should have an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

What are the side effects?

As with all medications, some side effects are possible when taking Stelara. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed. Many side effects of Stelara are mild and do not cause most patients to stop taking it.

The most common side effects for people taking Stelara include infections of the throat or airways. Common side effects include depression, feeling dizzy, headache, sore throat, blocked or stuffy nose, diarrhoea, itching, back or muscle pain, and feeling tired. Reactions around the area where Stelara was injected are also common, and might make the skin look red and feel warm and sore. Because Stelara works by suppressing part of the activity in the immune system, it can make people taking it more prone to infections than they usually would be. If a serious infection occurs a doctor will most likely stop Stelara.

Although side effects are possible with this, and any, treatment, it is important to remember that people taking Stelara have regular blood tests to check for health issues. If you are worried about the side effects of Stelara, you should discuss these with your doctor.

How long will Stelara take to work?

It can take a number of weeks before a person's psoriasis or psoriatic arthritis improves on Stelara. If considerable improvement is not seen in four months, treatment with Stelara will be stopped. If this happens, a Dermatologist or Rheumatologist should discuss the next available options with you - there are a number of other biologic or systemic treatments that can be tried if Stelara does not work.

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How safe and effective is Stelara?

Stelara has been used to treat psoriasis in the UK since 2009. 'Real-world' safety and effectiveness data is being compiled by the British Association of Dermatologists Biologics Interventions Register (BADBIR). It is recommended that all people taking biologic treatments for their psoriasis should be asked for their data to be included in this register.

For more information on BADBIR, please see the website: www.badbir.org

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using them correctly. For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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