



Ustekinumab (Stelara, Uzpruvo, Wezenla, Steqeyma and Pyzchiva)

What is Ustekinumab?

Ustekinumab is a biologic medication that is used to treat severe psoriasis and/or psoriatic arthritis. It is known by the brand names Stelara, Uzpruvo, Wezenla Steqeyma and Pyzchiva. Stelara was the first version of Ustekinumab to be made and is the 'originator medicine'. The patent for Stelara expired in 2024, at which point the Ustekinumab biosimilars, Uzpruvo, Wezenla, Steqeyma and Pyzchiva came to the market.

The Ustekinumab biosimilars work in the same way as the originator, and have the same treatment effects, but there are slight differences between them i.e. they are 'similar' to the original biologic medicine.

Biologics and biosimilars are modern medications that are made using living cells, designed to change or mimic processes within the human body.

Stelara is taken by injection and this is the only biosimilar that will be available in a pre-filled pen. All other variations of Ustekinumab will be available in syringe / vial format only (for at least a year).

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

How does Ustekinumab work?

Ustekinumab 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, Ustekinumab 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 Ustekinumab for?

Ustekinumab can be prescribed to treat severe plaque psoriasis in adults and children over the age of 12. 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.

Ustekinumab 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 Ustekinumab.

Who should not take Ustekinumab?

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

Only Stelara will be available in a pre-filled pen. All other variations of Ustekinumab will be available in syringe / vial format only (for at least a year). Individuals take Ustekinumab 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 Ustekinumab is usually taken every 12 weeks. Ustekinumab can be prescribed by itself or is sometimes used in combination with methotrexate.

People taking Ustekinumab 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 Ustekinumab 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 Ustekinumab. 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 Ustekinumab are mild and do not cause most patients to stop taking it.

The most common side effects for people taking Ustekinumab 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 Ustekinumab was injected are also common and might make the skin look red and feel warm and sore. Because Ustekinumab 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 Ustekinumab.

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

How long will Ustekinumab take to work?

It can take several weeks before a person's psoriasis or psoriatic arthritis improves on Ustekinumab. If considerable improvement is not seen in four months, treatment with Ustekinumab 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 Ustekinumab does not work.

How safe and effective is Ustekinumab?

Ustekinumab, in the form of 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) and the British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA) It is recommended by The National Institute for Health and Care Excellence (NICE) that all people receiving biologic therapy, who provide their consent, should be asked for their data to be included on these observational study registers.

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

For more information on BSR-PsA, please see the website: <https://w3.abdn.ac.uk/hsru/BSR-PsA/Public/Public/index.cshtml>

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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