

Ixekizumab for treating active ankylosing spondylitis and non-radiographic axial spondyloarthritis

Information for the public

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Ixekizumab (Taltz) is available on the NHS as a possible treatment in adults:

- for active ankylosing spondylitis that is not controlled well enough with conventional treatments such as non-steroidal anti-inflammatory drugs (NSAIDs) or physiotherapy, or
- for active non-radiographic axial spondyloarthritis with inflammation (shown by a blood test or MRI) that is not controlled well enough with NSAIDs, and
- if the conditions have a Bath Ankylosing Spondylitis Disease Activity Index score of 4 units or more and a spinal visual analogue scale of 4 cm or more
- only if tumour necrosis factor-alpha inhibitors are not suitable or have not worked well enough.

Treatment should be stopped after 16 to 20 weeks if it is not working well enough.

If you are not eligible for ixekizumab but are already having it, you should be able to continue until you and your doctor decide when best to stop.

Is this treatment right for me?

Your healthcare professionals should give you clear information, talk with you about your options and listen carefully to your views and concerns. Your family can be involved too, if you wish. Read more about [making decisions about your care](#).

Questions to think about

- How well does it work compared with other treatments?
- What are the risks or side effects? How likely are they?
- How will the treatment affect my day-to-day life?
- What happens if the treatment does not work?
- What happens if I do not want to have treatment? Are there other treatments available?

Information and support

This organisation can give you advice and support:

[National Axial Spondyloarthritis Society \(NASS\)](#), 0208 741 1515

You can also get support from your local [Healthwatch](#).

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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