Skyrizi (Risankizumab)

What is Skyrizi?

Skyrizi (also referred to by its generic name, Risankizumab) is a biologic medication that is used to treat moderate to severe psoriasis. Biologics are modern medications that are made using living cells, designed to change or mimic processes within the human body. Skyrizi is taken by an injection under the skin.

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

How does Skyrizi work?

Skyrizi blocks the activity of interleukin 23 (IL-23), a chemical 'messenger' in the immune system that signals 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 symptoms. Skyrizi is very precise and binds to a specific part of the IL-23 messenger, called p19. This then blocks IL-23 from sending out the inflammation signals and processes, preventing some of the inflammation from occurring and leading to an improvement in psoriasis for some people who take it.

Who is Skyrizi for?

Skyrizi is for adults with moderate to severe psoriasis who have not had a good response from, or cannot take or tolerate other systemic treatments including ciclosporin, methotrexate or PUVA. You will usually need to have tried these treatments before you can be offered Skyrizi. If you have tried these treatments but they did not work, Skyrizi might be an option for you.

Who should not take Skyrizi?

- People with active infections should not start Skyrizi. Because of the effect Skyrizi has on the immune system, you will be monitored for infections throughout treatment, and you will be tested for latent (hidden) TB, Hepatitis B, Hepatitis C and HIV before starting treatment.

- In most cases, pregnant women should not be treated with Skyrizi and women should not breastfeed during treatment with Skyrizi. Women should avoid falling pregnant for twenty-one weeks after treatment has stopped.

- Skyrizi is not licensed for use in children under 18 years old

How is Skyrizi used?

Skyrizi is taken as an injection under the skin via a pre-filled syringe or pre-filled injection pen. The recommended dose is 150mg. When Skyrizi was launched you needed to have two injections of 75mg at each dose. However, from 9th July 2021 each injection will now contain the full dose (150mg) and so only one injection will be required each time. There will still be supplies of the two dose injections through to January 2022. The injections should be administered in areas such as the thighs or abdomen avoiding where the skin is tender, bruised or affected by psoriasis. If you are using the two-dose version of Skyrizi, the injections should be administered in separate body site locations e.g. the thigh and abdomen.

When you begin taking Syrizi you will have your first injection(s), followed four weeks later by your next. After that Skyrizi is usually taken every 12 weeks. Most people will be trained by a nurse to give the injection to themselves.

People taking Skyrizi are likely to need regular blood tests – usually carried out by a Dermatology specialist, or by their own GP, to monitor general health whilst on the treatment.

People taking Skyrizi are more at risk of infections and so should be vaccinated against pneumonia and have an annual flu vaccination. However, not all vaccinations are safe in people taking Skyrizi and 'live' vaccinations (for example yellow fever, shingles) should not be given whilst on Skyrizi and for one year after stopping Skyrizi. Check with a doctor, nurse or pharmacist before having any vaccinations or taking other medication if you are not sure.

What are the side effects?

As with all medications, some side effects are possible when taking Skyrizi. 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 Skyrizi are mild and do not cause most people to stop taking it. Skyrizi is a new treatment and, as such, this side effect data comes from clinical trials, but will be updated as more 'real-world' experience with the treatment is collected.

The most common side effects of Skyrizi are upper respiratory tract infections with a sore throat and stuffy nose, fatigue, fungal skin infection, headache, itching and injection site reactions (such as redness or burning of the skin where the treatment is injected).

Because Skyrizi works by suppressing part of the activity in the immune system, it can make people taking it more prone to infections than they would usually be. Talk to your GP or seek medical help immediately if you have any symptoms of a serious infection such as fever, flu-like symptoms, night sweats, shortness of breath, a persistent cough, red and painful skin or a rash with blisters. If a serious infection occurs, a doctor will most likely stop Skyrizi.

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

How long will Skyrizi take to work?

It can take a number of weeks before a person’s psoriasis improves on Skyrizi. If considerable improvement is not seen in 16 weeks, treatment with Skyrizi will be stopped. If this happens, a Dermatologist should discuss the next available options with you – there are a number of other biologic or systemic treatments that can be tried if Skyrizi does not work.

How safe and effective is Skyrizi?

Skyrizi is a new medication to treat moderate to severe psoriasis that was approved for use in England and Wales in August 2019 and Scotland in October 2019. ‘Real-world’ (i.e. Non-clinical trial) safety and effectiveness data is being collected by a long-running study, the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR). It is recommended that all people taking biologic treatments for their psoriasis should be asked for their information 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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