Lilly
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SGDV CONGRESS

26.08 - 28.08.26

taltz®
(Ixekizumab)
A Lilly Medicine

This invitation is intended exclusively for physicians and pharmacists.

PsO: Psoriasis, **SGDV:** Swiss Society of Dermatology and Venereology

Taltz® (ixekizumab) solution for injection
I: For the treatment of moderate to severe *plaque psoriasis* in adults and in children and adolescents from the age of 6 years, with a body weight of at least 25 kg, who have not responded to other systemic therapies (including cyclosporine or methotrexate or PUVA), or for whom these therapies are contraindicated or not tolerated. Alone or in combination with conventional disease-modifying anti-rheumatic drug (DMARD) for the treatment of active *psoriatic arthritis* in adult patients who have responded inadequately to or who are intolerant to one or more DMARD therapies. For the treatment of severe active *ankylosing spondylitis* in adults who have responded inadequately or do not tolerate conventional therapy (e.g. nonsteroidal anti-inflammatory drugs [NSAIDs]). For the treatment of severe active *non- radiographic axial spondyloarthritis* in adults who have responded inadequately to NSAIDs. Patients should show objective signs of inflammation as indicated by magnetic resonance imaging (MRI) and elevated C-reactive protein (CRP). **P:** Subcutaneous injection. *Plaque psoriasis in adults:* 160 mg at week 0, followed by 80 mg at weeks 2, 4, 6, 8, 10 and 12, and then 80 mg every 4weeks. In patients <100 kg, an alternative dosing regimen of 160 mg at week 0 and as of week 2, 80 mg every 4 weeks may be considered. *Plaque psoriasis in children and adolescents (age 6 years and above):* body weight >50 kg: 160 mg at week 0, followed by 80 mg every 4 weeks; body weight 25-50 kg: 80 mg at week 0, followed by 40 mg every 4 weeks. *Psoriatic arthritis:* 160 mg at Week 0, followed by 80 mg every 4 weeks thereafter. *Ankylosing spondylitis:* 80 mg every 4 weeks. **CI:** Serious hypersensitivity. Severe active infections (e.g. active tuberculosis, sepsis, severe opportunistic infections). **W/P:** Caution in patients with chronic or active infection or recurrent infections in the history. If a serious hypersensitivity reaction occurs, administration of Taltz should be discontinued immediately and appropriate therapy initiated. Taltz is not recommended in patients with inflammatory bowel disease (IBD). If a patient develops signs and symptoms of IBD or experiences an exacerbation of pre-existing IBD, Taltz should be discontinued and appropriate medical management should be initiated. Cases of severe eczematous eruptions were reported. Caution in case of psychiatric comorbidities (e.g. depression). Caution in patients with axSpa at risk of MACE. Taltz should not be used with live vaccines. Concomitant use of Taltz with other biologic agents is not recommended. **IA:** The safety of Taltz in combination with other immunomodulatory agents or phototherapy as well as with live vaccines has not been evaluated. **Pr/L:** During pregnancy and in women of childbearing potential who are not using effective methods of contraception, Taltz must not be given unless clearly necessary. Patients should be advised to continue using effective contraception methods and not to breastfeed for at least 10 weeks after the last treatment with Taltz. A decision should be made whether to discontinue breastfeeding or to discontinue Taltz taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman mother. **ADR:** *Very Common:* Upper respiratory tract infection, injection site reactions". *Common:* tinea infection, herpes simplex (mucocutaneous), oral candidiasis, rhinitis, influenza, conjunctivitis. oropharyngeal pain, nausea, diarrhea, elevated liver enzymes, urticaria. *Uncommon:* anaphylactic reactions, oesophageal candidiasis, neutropenia, thrombocytopenia, Crohn's disease, ulcerative colitis, dyshidrotic eczema. *Rare:* exfoliative dermatitis. ADRs that were more commonly observed than in adults or occurred specifically in children and adolescents: *Very Common:* hypersensitivity reactions. *Common:* neutropenia, Crohn's disease, dermatitis, rash, eczema, fever. *Uncommon:* bronchospasm. " with the citrate-free formulation statistically significantly lower pain was reported after the injection. **P:** Taltz 80 mg 1 prefilled pen/1 prefilled syringe. Dispensing category B. Consult www.swissmedicinfo.ch for further information. Eli Lilly (Suisse) SA, ch. des Coquelicots 16, CP 580, 1214 Vernier (GE). V04-2025

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SGDV 2026

Ready to go beyond the surface?

Lilly Symposium:

Beyond the Skin: Obesity, an important metabolic comorbidity in psoriasis? From Evidence to Practical Action

Thursday 27th August 2026, from 12:30-13:00
In the Auditorium, room 3, hall 5 – Messe Zürich

Join us to hear from top experts!
The symposium will be in English.

Lunch bags served for the attendees!

We look forward to seeing you!
Your Lilly Dermatology Team

Join the discussion—
save the date:

Dr. med. Susanne Maurer
Specialist in Internal Medicine (FMH) / Sports Medicine (DGSM) / Nutritional Medicine (DGEM)
Head of the Center for Obesity and Metabolic Medicine, Winterthur

Dr. med. Florian Anzengruber
Senior Physician, Dermatology,
Cantonal Hospital Graubünden

THEME

Setting the Stage:
The Evolving PsO Landscape and Therapeutic Challenges in the Context of Obesity
- Navigating Barriers to Optimal Disease Control

Beyond Comorbidity:
The Role of Obesity in Immune-Mediated Diseases

Bridging Evidence and Practice:
What Trials and Real-World Evidence Reveal Leveraging Combination Therapies and Multidisciplinary Care

Innovations in Obesity Management for PsO Patients:
- Translating Evidence into Practice

The session will be conducted in English.

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