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INDICATIONS AND IMPORTANT SAFETY INFORMATION

Taltz is **indicated** for your adult patients with active psoriatic arthritis (PsA) and for adults with active ankylosing spondylitis (AS). Taltz is also indicated for your adult patients with moderate to severe plaque psoriasis (PsO) who are candidates for systemic therapy or phototherapy.

CONTRAINDICATIONS

Taltz is contraindicated in patients with a previous serious hypersensitivity reaction, such as anaphylaxis, to ixekizumab or to any of the excipients.

WARNINGS AND PRECAUTIONS

Infections

Taltz may increase the risk of infection. In clinical trials of patients with plaque psoriasis, the Taltz group had a higher rate of infections than the placebo group (27% vs 23%). A similar increase in risk of infection was seen in placebo-controlled trials of patients with psoriatic arthritis and ankylosing spondylitis. Serious infections have occurred. Instruct patients to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a serious infection develops, discontinue Taltz until the infection resolves.

Pre-Treatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with Taltz. Do not administer to patients with active TB infection. Initiate treatment of latent TB prior to

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Hypersensitivity

Serious hypersensitivity reactions, including angioedema and urticaria (each ≤0.1%), occurred in the Taltz group in clinical trials. Anaphylaxis, including cases leading to hospitalization, has been reported in post-marketing use with Taltz. If a serious hypersensitivity reaction occurs, discontinue Taltz immediately and initiate appropriate therapy.

Inflammatory Bowel Disease

During Taltz treatment, monitor patients for onset or exacerbations of inflammatory bowel disease. Crohn's disease and ulcerative colitis, including exacerbations, occurred at a greater frequency in the Taltz 80 mg Q2W group (Crohn's disease 0.1%, ulcerative colitis 0.2%) than in the placebo group (0%) during clinical trials in patients with plaque psoriasis and in the Taltz Q4W group in ankylosing spondylitis trials (Crohn's disease 1.0% [2 patients], ulcerative colitis 0.5% [1 patient]) than in the placebo group (Crohn's disease 0.5% [1 patient], ulcerative colitis 0%). In the ankylosing spondylitis trials, serious events occurred in 1 patient in the Taltz group and 1 patient in the placebo group.

Immunizations

Prior to initiating therapy with Taltz, consider completion of all

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Immunizations

Prior to initiating therapy with Taltz, consider completion of all age-appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with Taltz.

ADVERSE REACTIONS

Most common adverse reactions (≥1%) associated with Taltz treatment are injection site reactions, upper respiratory tract infections, nausea, and tinea infections. Overall, the safety profile observed in patients with psoriatic arthritis and ankylosing spondylitis were consistent with the safety profile in patients with plaque psoriasis, with the exception of influenza and conjunctivitis in psoriatic arthritis.

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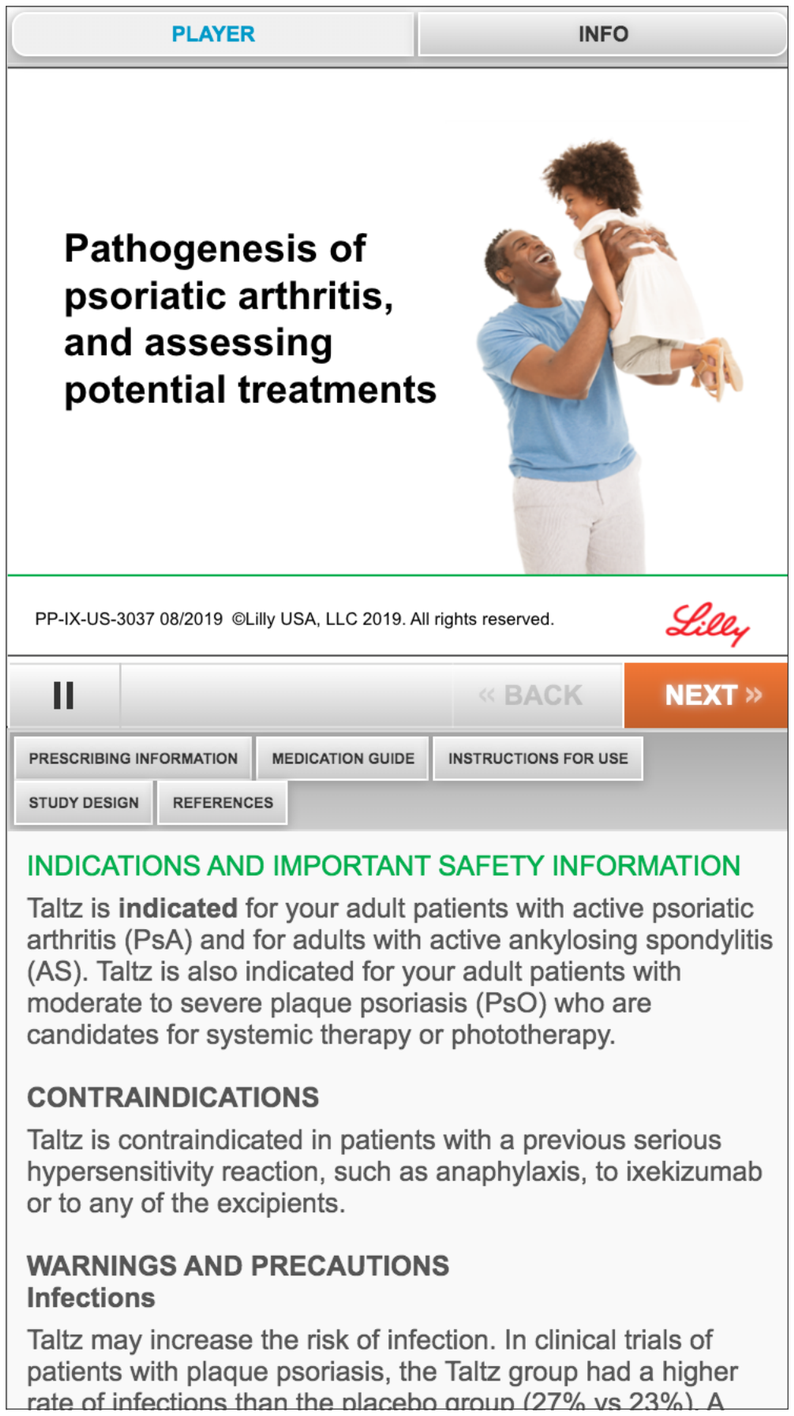

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Please see full Prescribing Information and Medication Guide for Taltz by using the adjacent links. See Instructions for Use included with the device.

Narrator (voiceover):

Welcome to this program sponsored by Eli Lilly.

Today we'll be discussing the pathogenesis of psoriatic arthritis, and assessing a potential treatment for patients who present with it.

At any time during this presentation you can access Prescribing Information, a Medication Guide, Instructions for Use, References, and Study Design using the adjacent buttons.

IL-17A plays a role in the pathogenesis of PsA[1-3]

IL-17A is expressed by both the innate immune system and the adaptive immune system. Previously, it was thought that IL-17A originated primarily from T helper (Th) cells. More recently, research has shown that other cell types, such as neutrophils and mast cells, are also rich sources of IL-17A.

Narrator (voiceover):

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References:
1. Schön MP. The plot thickens while the scope broadens: a holistic view on IL-17 in psoriasis and other inflammatory disorders. *Exp Dermatol*. 2014;23:804-806.
2. Raychaudhuri SK, Saxena A, Raychaudhuri SP. Role of IL-17 in the pathogenesis of psoriatic arthritis and axial spondyloarthritis. *Clin Rheumatol*. 2015;34:1019-1023.
3. Miossec P, Kolls JK. Targeting IL-17 and Th17 cells in chronic inflammation. *Nat Rev Drug Discov.* 2012;11:763-776.

IL-17A contributes to the manifestation of which of the following disease states in PsA? Check all that apply.[1-3]

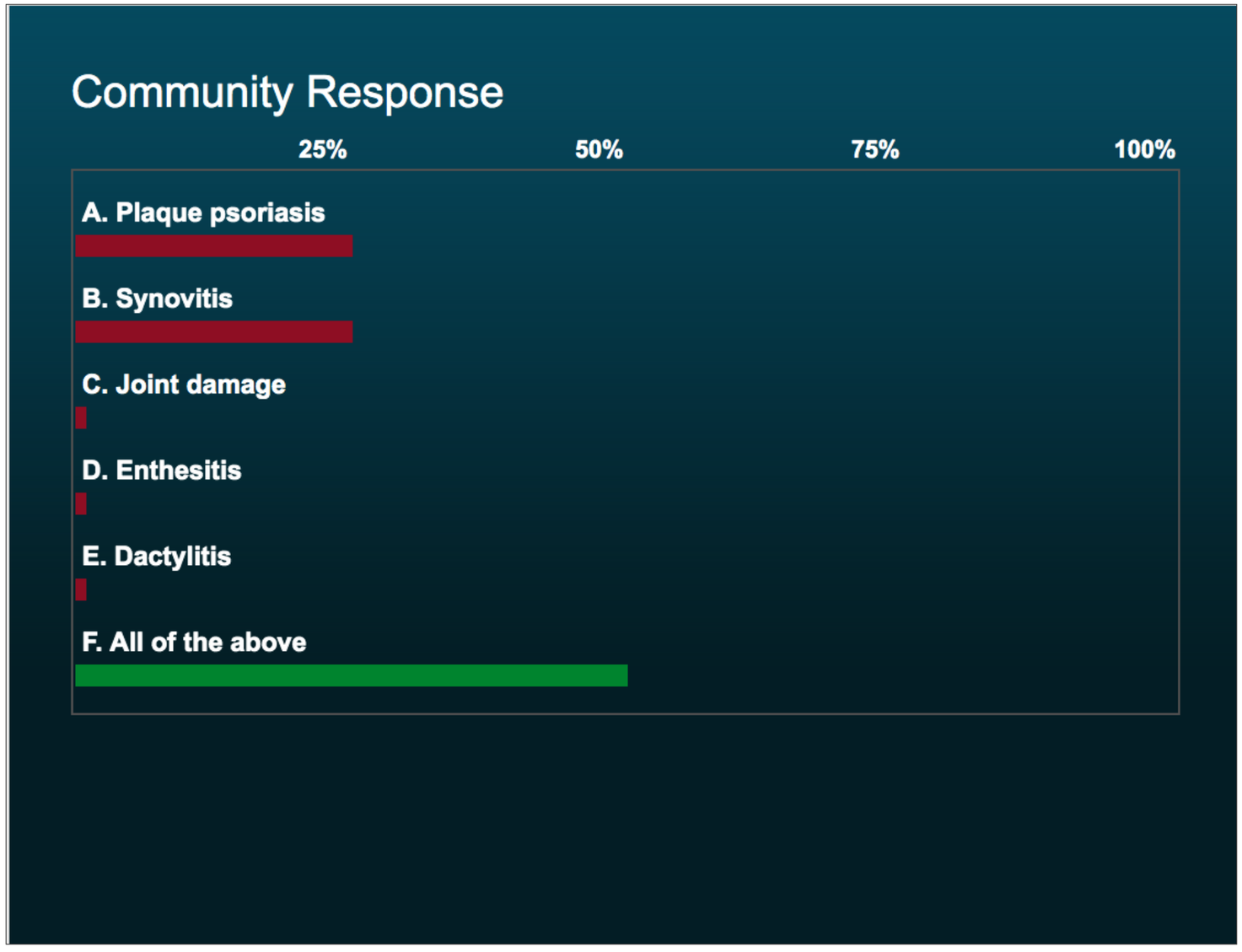
- [ ] A. Plaque psoriasis
- [ ] B. Synovitis
- [ ] C. Joint damage
- [ ] D. Enthesitis
- [ ] E. Dactylitis
- [ ] F. All of the above

Narrator (voiceover):

And now a question: IL-17A contributes to the manifestation of which of the following disease states in PsA?[1-3]

Please select your answer, and tap next to continue.

References:
1. Schön MP. The plot thickens while the scope broadens: a holistic view on IL-17 in psoriasis and other inflammatory disorders. *Exp Dermatol*. 2014;23:804-806.
2. Raychaudhuri SK, Saxena A, Raychaudhuri SP. Role of IL-17 in the pathogenesis of psoriatic arthritis and axial spondyloarthritis. *Clin Rheumatol.* 2015;34:1019-1023.
3. Miossec P, Kolls JK. Targeting IL-17 and Th17 cells in chronic inflammation. *Nature Rev Drug Discov.* 2012;11:763-776.

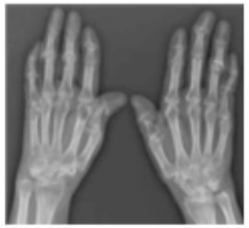


Narrator (voiceover):

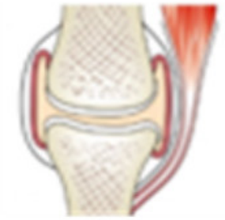
The correct answer is all of the above[1-3]

References:
1. Schön MP. The plot thickens while the scope broadens: a holistic view on IL-17 in psoriasis and other inflammatory disorders*. Exp Dermatol*. 2014;23:804-806.
2. Raychaudhuri SK, Saxena A, Raychaudhuri SP. Role of IL-17 in the pathogenesis of psoriatic arthritis and axial spondyloarthritis. *Clin Rheumatol.* 2015;34:1019-1023.
3. Miossec P, Kolls JK. Targeting IL-17 and Th17 cells in chronic inflammation. *Nature Rev Drug Discov.* 2012;11:763-776.

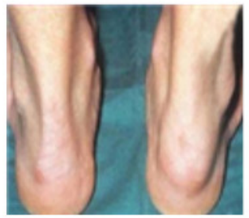
IL-17A contributes to the domains of psoriatic arthritis



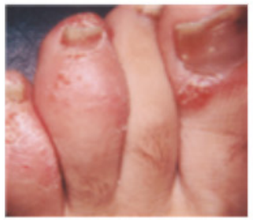
Joint damage[2,3*]



Synovitis[2,3]



Enthesitis [2†]



Dactylitis[3†]

Plaque psoriasis[2,3]

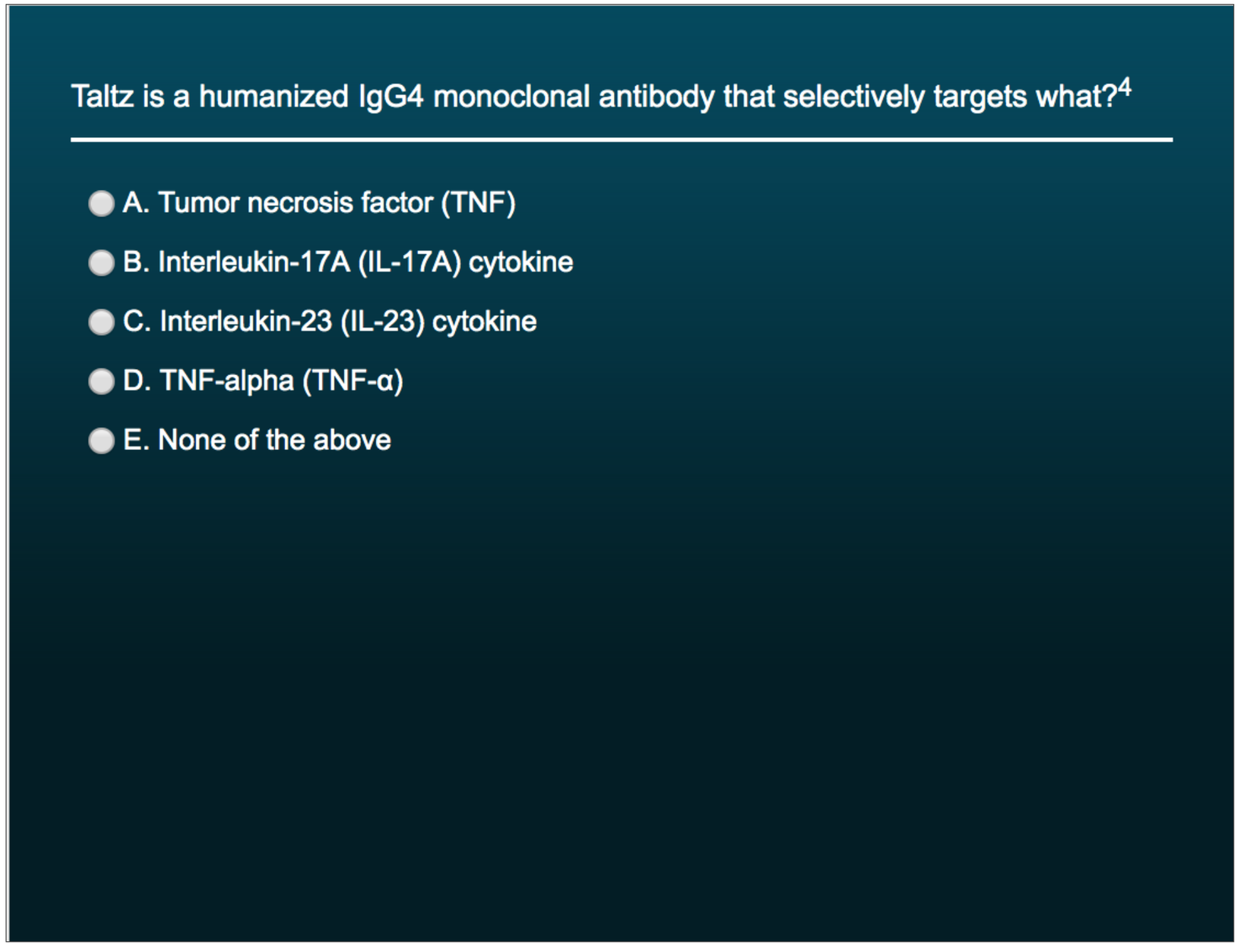
*Reprinted with permission from *Journal of Ultrasonography* 2016.
†Reprinted with permission from *Journal of the American Academy of Dermatology* 2008.

Narrator (voiceover):

IL-17 contributes to the domains of psoriatic arthritis. Here are some examples.

Joint damage – asymmetric inflammatory arthritis involving joint symptoms, such as pain and stiffness, with characteristic radiographic features that include joint erosion and space narrowing
Synovitis – inflammation of the synovial membrane, the membrane that lines the synovial joints
Enthesitis – inflammation at sites of ligament/tendon insertions into the bone
Dactylitis – acute or chronic swelling of an entire digit, also known as "sausage digit"
Plaque psoriasis – hyperproliferation of epidermal keratinocytes

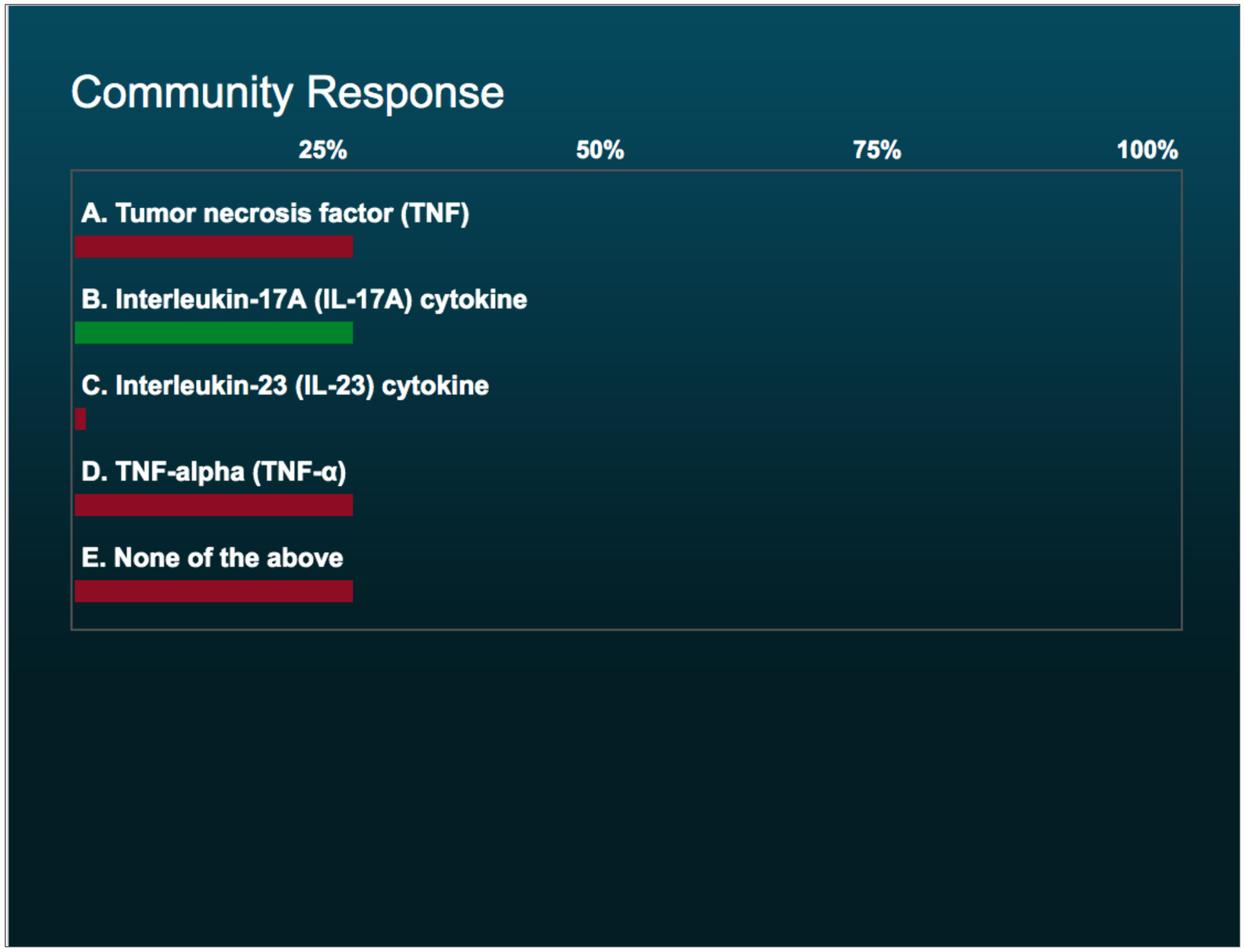
References:
2. Raychaudhuri SK, Saxena A, Raychaudhuri SP. Role of IL-17 in the pathogenesis of psoriatic arthritis and axial spondyloarthritis. *Clin Rheumatol.* 2015;34:1019-1023.
3. Miossec P, Kolls JK. Targeting IL-17 and Th17 cells in chronic inflammation. *Nature Rev Drug Discov.* 2012;11:763-776.



Narrator (voiceover):

Taltz is a humanized IgG4 monoclonal antibody that selectively targets what?[4]

Reference:
4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.



Narrator (voiceover):

The correct answer is B: IL-17A cytokine.[4]

Reference:
4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.

Taltz is designed to specifically target IL-17A[4]

IL-17A has been implicated in the pathogenesis of psoriasis and psoriatic arthritis[5,6]

- IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses

Taltz pharmacology[4]*

- Taltz is a humanized IgG4 monoclonal antibody that selectively binds with IL-17A and inhibits its interaction with the IL-17 receptor
- Half-life ~13 days

Molecule	Structure[6]	Binding affinity for IL-17A[7]
Taltz® (ixekizumab)	Humanized IgG4 monoclonal antibody	K_D 1.8pM
Cosentyx® (secukinumab)	Humanized IgG1 monoclonal antibody	K_D 100 pM-200 pM

The lower the K_D the higher the binding affinity.

*The relationship between the mechanism of action and clinical outcomes has not been determined. Differences in clinical pharmacology cannot be used to establish differences in efficacy or safety.

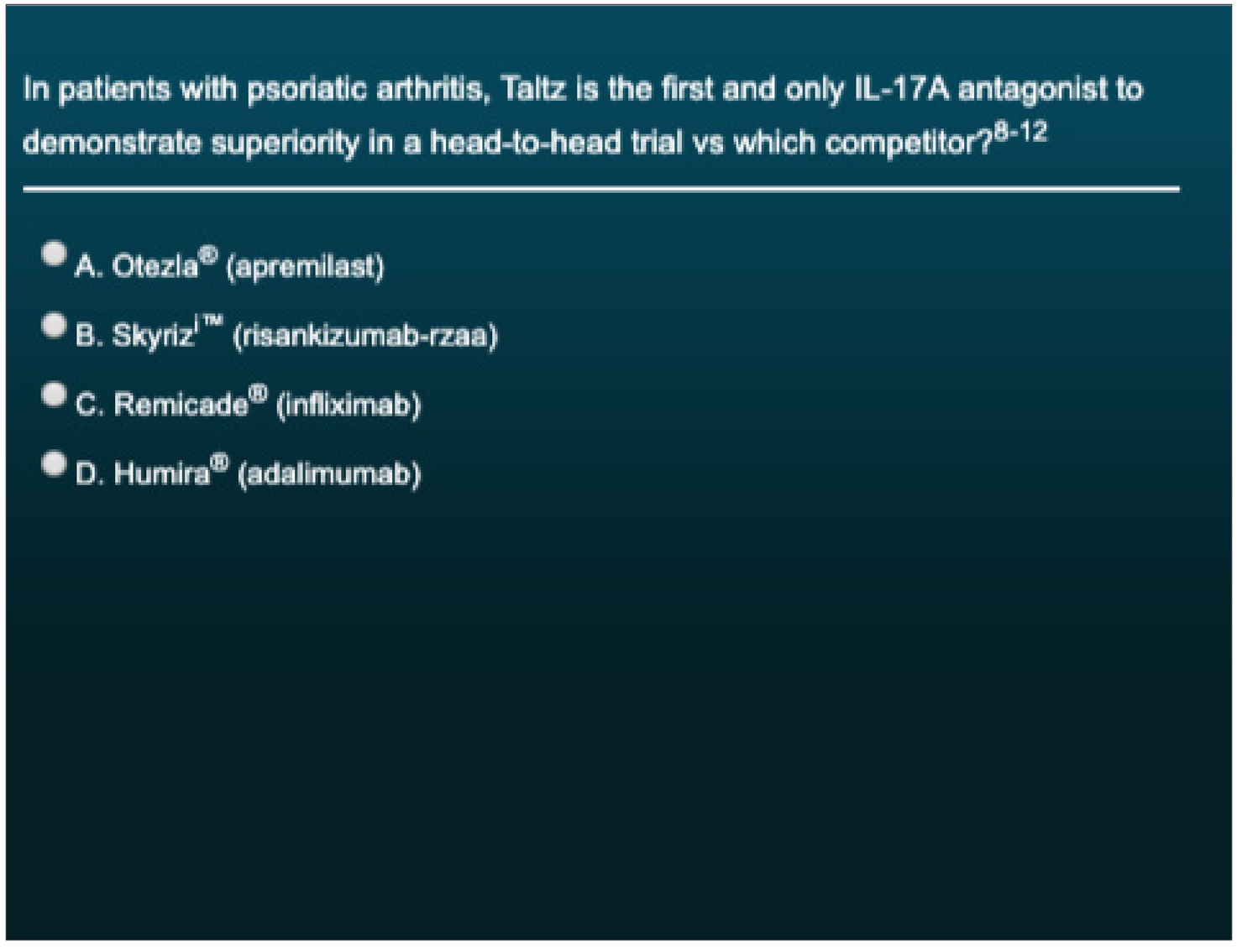
Ig=immunoglobin; IL=interleukin; K_D=dissociation constant; pM=picomolar.

Narrator (voiceover):

Taltz is designed to specifically target interleukin-17A (or IL-17A), which, as we discussed, has been implicated in the pathogenesis of both psoriatic arthritis and psoriasis. It is a naturally occurring cytokine involved in normal inflammatory and immune responses
Taltz is a humanized immunoglobulin G4 monoclonal antibody that selectively binds with IL-17A and inhibits its interaction with the IL-17 receptor. It has a half-life of approximately 13 days
Taltz has a binding affinity of 1.8 pM vs Cosentyx, which has a binding affinity of 100 to 200 pM

References:

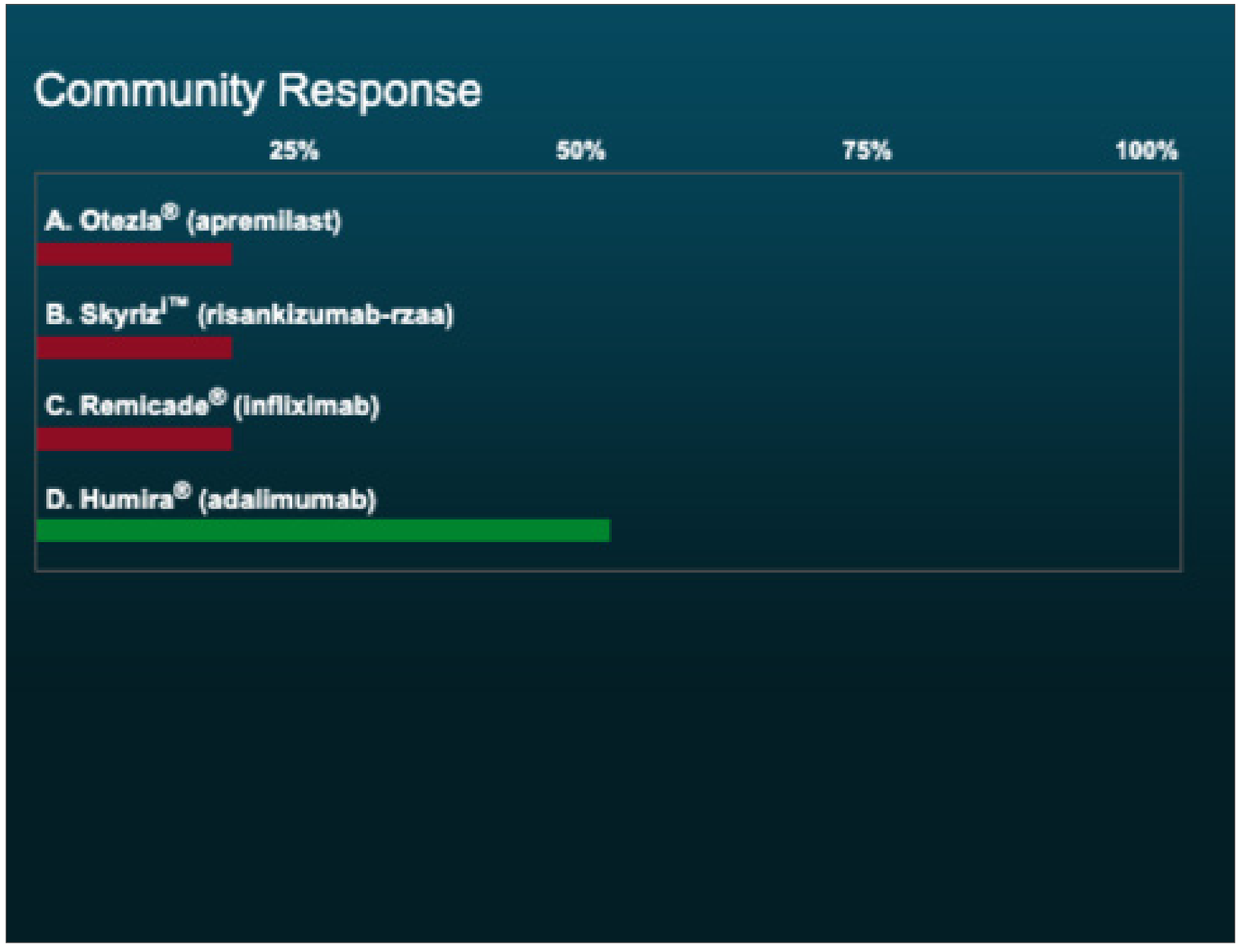
4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.
5. Martin DA, Towne JE, Kricorian G, et al. The emerging role of IL-17 in the pathogenesis of psoriasis: preclinical and clinical findings. *J Invest Dermatol*. 2013:133:17-26.
6. Kirkham BW, Kavanaugh A, Reich K. Interleukin-17A: a unique pathway in immune-mediated diseases: psoriasis, psoriatic arthritis and rheumatoid arthritis. *Immunology.* 2014;141:133-142.
7. Paul C Ixekizumab or secukinumab in psoriasis: what difference does it make? *Br J Dermatol*. 2018;178:1003-1005.



Narrator (voiceover):

In patients with psoriatic arthritis, Taltz is the first and only IL-17A antagonist to demonstrate superiority in a head-to-head trial vs which competitor?[8-12]

References:
8. Data on file. Lilly USA, LLC. DOF-IX-US-0121.
9. Data on file. Lilly USA, LLC. DOF-IX-US-0122.
10. Data on file. Lilly USA, LLC. DOF-IX-US-0123.
11. Data on file. Lilly USA, LLC. DOF-IX-US-0124.
12. Data on file. Lilly USA, LLC. DOF-IX-US-0125.



Narrator (voiceover):

The correct answer is Humira.[8-12]

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9. Data on file. Lilly USA, LLC. DOF-IX-US-0122.
10. Data on file. Lilly USA, LLC. DOF-IX-US-0123.
11. Data on file. Lilly USA, LLC. DOF-IX-US-0124.
12. Data on file. Lilly USA, LLC. DOF-IX-US-0125.

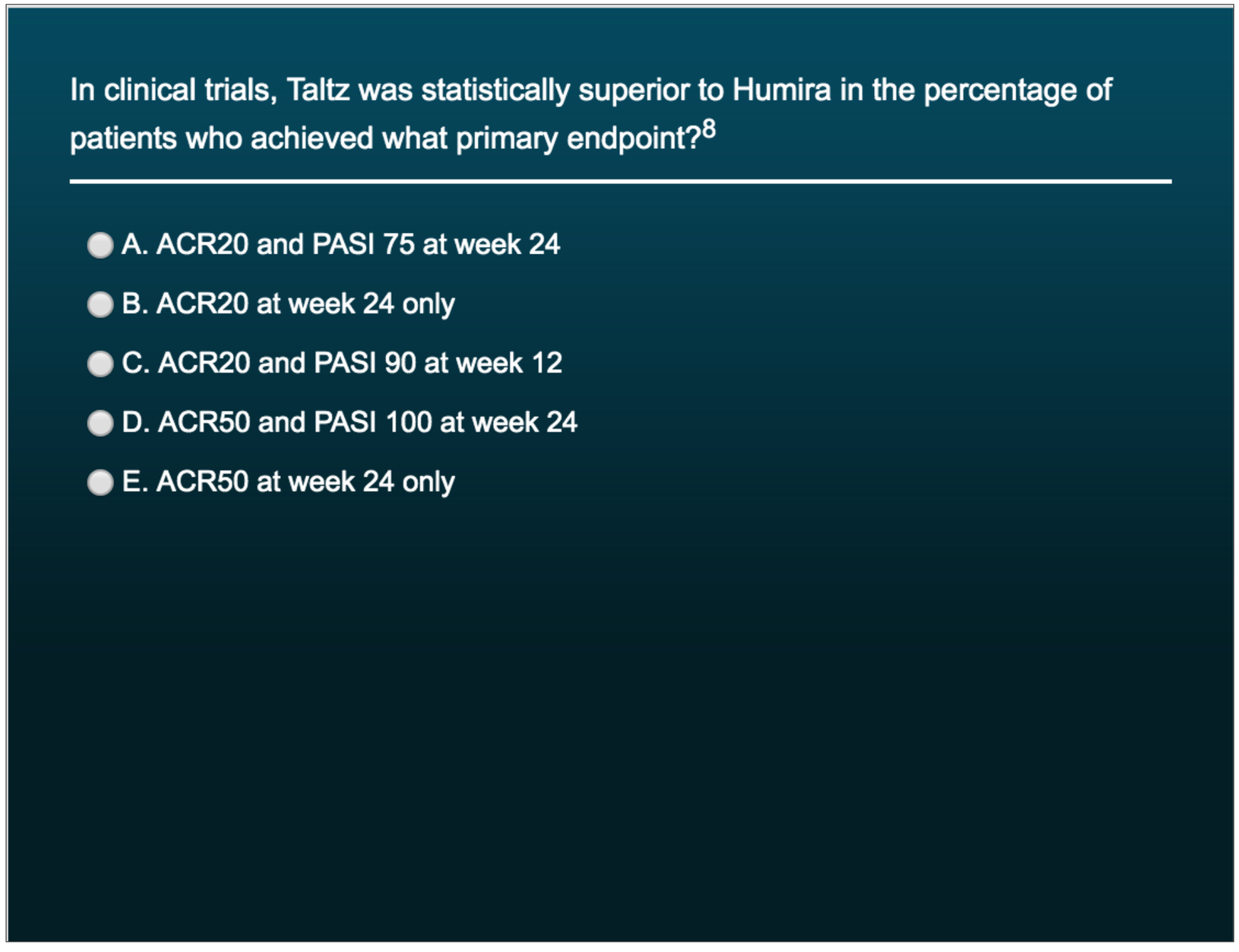
Taltz vs Humira

The first and only IL-17A antagonist to demonstrate **superiority in a head-to-head trial** against Humira in psoriatic arthritis.[8-12]

Narrator (voiceover):

Moving on, let’s consider SPIRIT-H2H, a head-to-head, open-label trial of Taltz vs Humira in patients with psoriatic arthritis.

References:
8. Data on file. Lilly USA, LLC. DOF-IX-US-0121.
9. Data on file. Lilly USA, LLC. DOF-IX-US-0122.
10. Data on file. Lilly USA, LLC. DOF-IX-US-0123.
11. Data on file. Lilly USA, LLC. DOF-IX-US-0124.
12. Data on file. Lilly USA, LLC. DOF-IX-US-0125.



Narrator (voiceover):

In clinical trials, Taltz was statistically superior to Humira in the percentage of patients who achieved what primary endpoints?[8]

Reference:
8. Data on file. Lilly USA, LLC. DOF-IX-US-0121.

Narrator (voiceover):

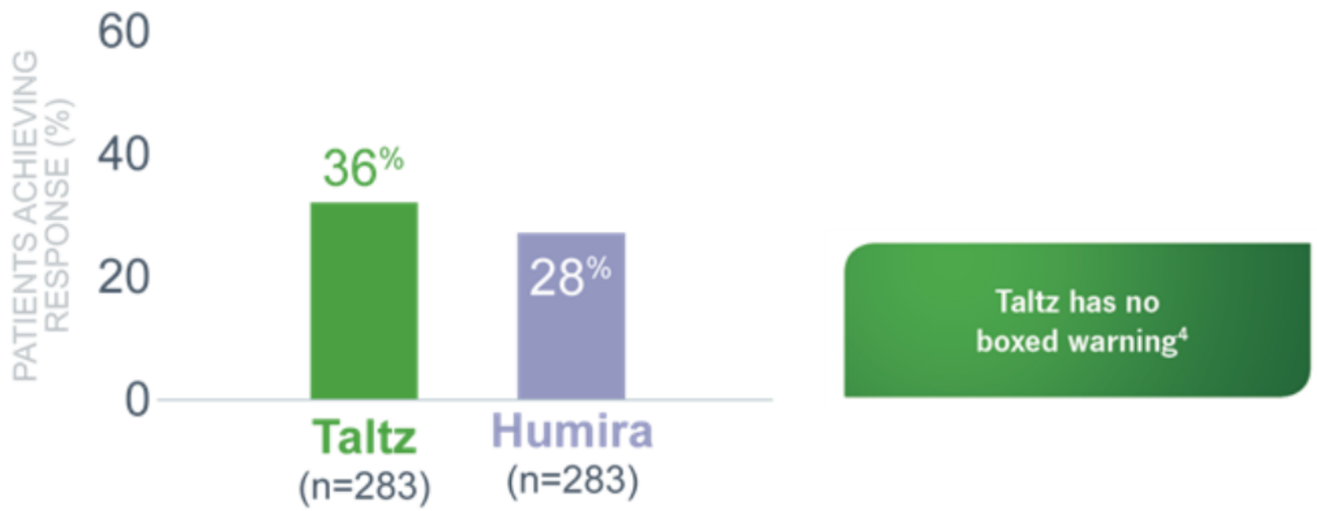
The correct answer is D; ACR50 and PASI 100 at week 24.[8]

Reference:
8. Data on file. Lilly USA, LLC. DOF-IX-US-0121.

For biologic-naive patients with psoriatic arthritis

Taltz was superior to Humira in the percentage of patients who achieved both ACR50 and PASI 100 at week 24[8]

SPIRIT-H2H (biologic-naive): **percentage of patients achieving both ACR50 and PASI 100 at week 24, NRI**



P<.05 vs Humira at week 24.
All patients had BSA ≥3%; patients with BSA ≥10%, PASI ≥12, sPGA ≥3 followed the dosing for moderate to severe plaque psoriasis.

Narrator (voiceover):

In biologic-naive patients with PsA, Taltz was statistically superior to Humira in the percentage of patients who achieved both ACR50 and PASI 100 at week 24

- 36% of patients taking Taltz achieved the primary endpoint as opposed to 28% of patients taking Humira

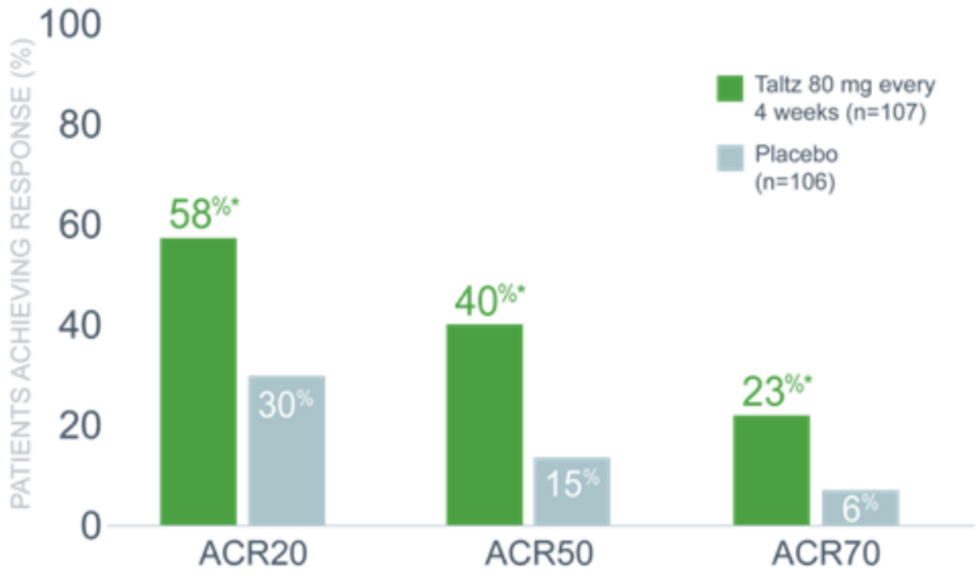
You can review the design details for SPIRIT-H2H using the adjacent buttons.

References:
4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.
8. Data on file. Lilly USA, LLC. DOF-IX-US-0121.

For biologic-naive patients with psoriatic arthritis

Taltz provided significant improvement in joint symptoms at week 24[4,14,15]

SPIRIT-P2 (TNFi-experienced): ACR response rates at week 24, NRI*



*$P \leq .0001$ vs placebo at week 24 for ACR20/50/70.
Primary endpoint=ACR20 response at week 24.
Inadequate responders (<20% improvement in tender and in swollen joint counts) at week 16 were analyzed as nonresponders after week 16 until the primary endpoint.
Nonresponder imputation (NRI) of intent-to-treat population through week 24.

Narrator (voiceover):

Here we see the ACR response rates from both biologic-naive at week 24–the primary endpoint being ACR20 at week 24 with a $P \leq .001$ vs placebo at week 24 for ACR20/50/70.

For biologic-naive patients, 58% of patients receiving Taltz achieved the primary endpoint vs 30% for patients receiving placebo. For patients who have failed or were intolerant to 1 or 2 TNFis, 53% of patients receiving Taltz achieved the primary endpoint vs 20% for placebo.

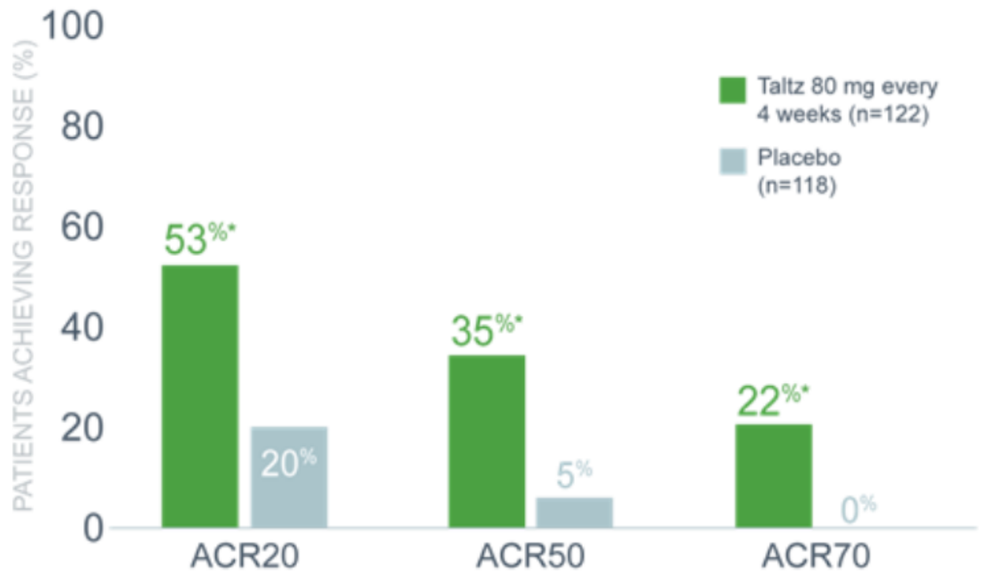
References:

4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.
14. Mease PJ, van der Heijde D, Ritchlin CT, et al; on behalf of SPIRIT-P1 Study Group. Ixekizumab, an interleukin-17A specific monoclonal antibody, for the treatment of biologic-naive patients with active psoriatic arthritis: results from the 24-week randomised, double-blind, placebo-controlled and active (adalimumab)-controlled period of the phase III trial SPIRIT-P1. *Ann Rheum Dis*. 2017;76:79-87.
15. van der Heijde D, Gladman DD, Kishimoto M, et al. Efficacy and safety of ixekizumab in patients with active psoriatic arthritis: 52-week results from a phase III study (SPIRIT-P1). *J Rheumatol*. 2018;45:367-377.

For biologic-naive patients with psoriatic arthritis

Taltz provided significant improvement in joint symptoms at week 24[4,13-15]

SPIRIT-P2 (TNFi-experienced): ACR response rates at week 24, NRI



*$P \leq .0001$ vs placebo at week 24 for ACR20/50/70.
Primary endpoint=ACR20 response at week 24.
Inadequate responders (<20% improvement in tender and in swollen joint counts) at week 16 were analyzed as nonresponders after week 16 until the primary endpoint.
NRI of intent-to-treat population through week 24.

Narrator (voiceover):

Here we see the ACR response rates from both biologic-naive at week 24–the primary endpoint being ACR20 at week 24 with a $P \leq .001$ vs placebo at week 24 for ACR20/50/70.

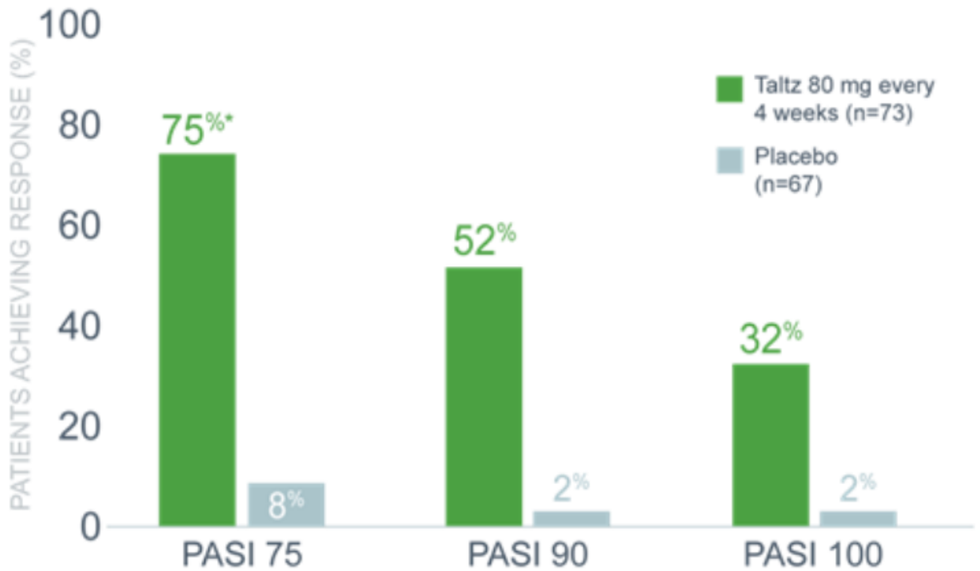
For biologic-naive patients, 58% of patients receiving Taltz achieved the primary endpoint vs 30% for patients receiving placebo. For patients who have failed or were intolerant to 1 or 2 TNFis, 53% of patients receiving Taltz achieved the primary endpoint vs 20% for placebo.

References:
4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.
16. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet*. 2017;389:2317-2327.

For biologic-naive patients with psoriatic arthritis

Treatment with Taltz resulted in an improvement in psoriatic skin lesions[4,14,16-18]

SPIRIT-P1 (biologic-naive): PASI response rates at week 12 in PsA patients with plaque psoriasis ≥3% BSA, NRI*



Please see study design using the adjacent link

*$P \leq .001$ vs placebo.

NRI of intent-to-treat population through week 12.

Narrator (voiceover):

For biologic-naive PsA patients who also have plaque psoriasis with a 33% BSA (based on a nonresponder imputation of intent-to-treat population through week 12). Taltz helped:

75% of patients achieve PASI 75 vs 8% for placebo
52% of patients achieve PASI 90 vs 2% for placebo
And 32% of patients achieve PASI 100 vs 2% for placebo

References:

4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018
14. Mease PJ, van der Heijde D, Ritchlin CT, et al; on behalf of SPIRIT-P1 Study Group. Ixekizumab, an interleukin-17A specific monoclonal antibody, for the treatment of biologic-naive patients with active psoriatic arthritis: results from the 24-week randomised, double-blind, placebo-controlled and active (adalimumab)-controlled period of the phase III trial SPIRIT-P1. *Ann Rheum Dis*. 2017;76:79-87.
16. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet*. 2017;389:2317-2327.
17. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet.* 2017;389:2317-2327. Supplementary appendix.
18. Data on file. Lilly USA, LLC. TAL20171127A.

For biologic-naive patients with psoriatic arthritis

Treatment with Taltz resulted in an improvement in psoriatic skin lesions[4,14,16-18]

SPIRIT-P1 (biologic-naive): PASI response rates at week 12 in PsA patients with plaque psoriasis ≥3% BSA, NRI

In SPIRIT-P1, among patients with sPGA ≥3 at baseline (Taltz 80 mg every 4 weeks n=52; placebo n=41) 75% of patients receiving Taltz achieved sPGA 0,1 at week 12 vs 7% of patients who received placebo. Additionally, 31% of patients receiving Taltz achieved sPGA 0 vs 2% for placebo.[14]

Additional week 12 results from SPIRIT-P2 Trial

In SPIRIT-P2 (TNFi-experienced) (Taltz 80 mg every 4 weeks n=68; placebo n=67), among PsA patients with plaque psoriasis ≥3% BSA, 57% of patients receiving Taltz achieved PASI 75 at week 12 vs 10% for placebo. Additionally, 19% of patients receiving Taltz achieved PASI 100 at week 12 vs 6% for placebo.[16] Among patients with sPGA ≥3 at baseline, in SPIRIT-P1 (biologic-naive) (Taltz 80 mg every 4 weeks n=52; placebo n=41), 75% of patients receiving Taltz achieved sPGA 0,1 at week 12 vs 7% for placebo.[13] Additionally, in SPIRIT-P2 (TNFi-experienced) (Taltz 80 mg every 4 weeks n=60; placebo n=55), 63% of patients receiving Taltz achieved sPGA 0,1 vs 4% for placebo.[16,17]

NRI of intent-to-treat population through week 12.

Narrator (voiceover):

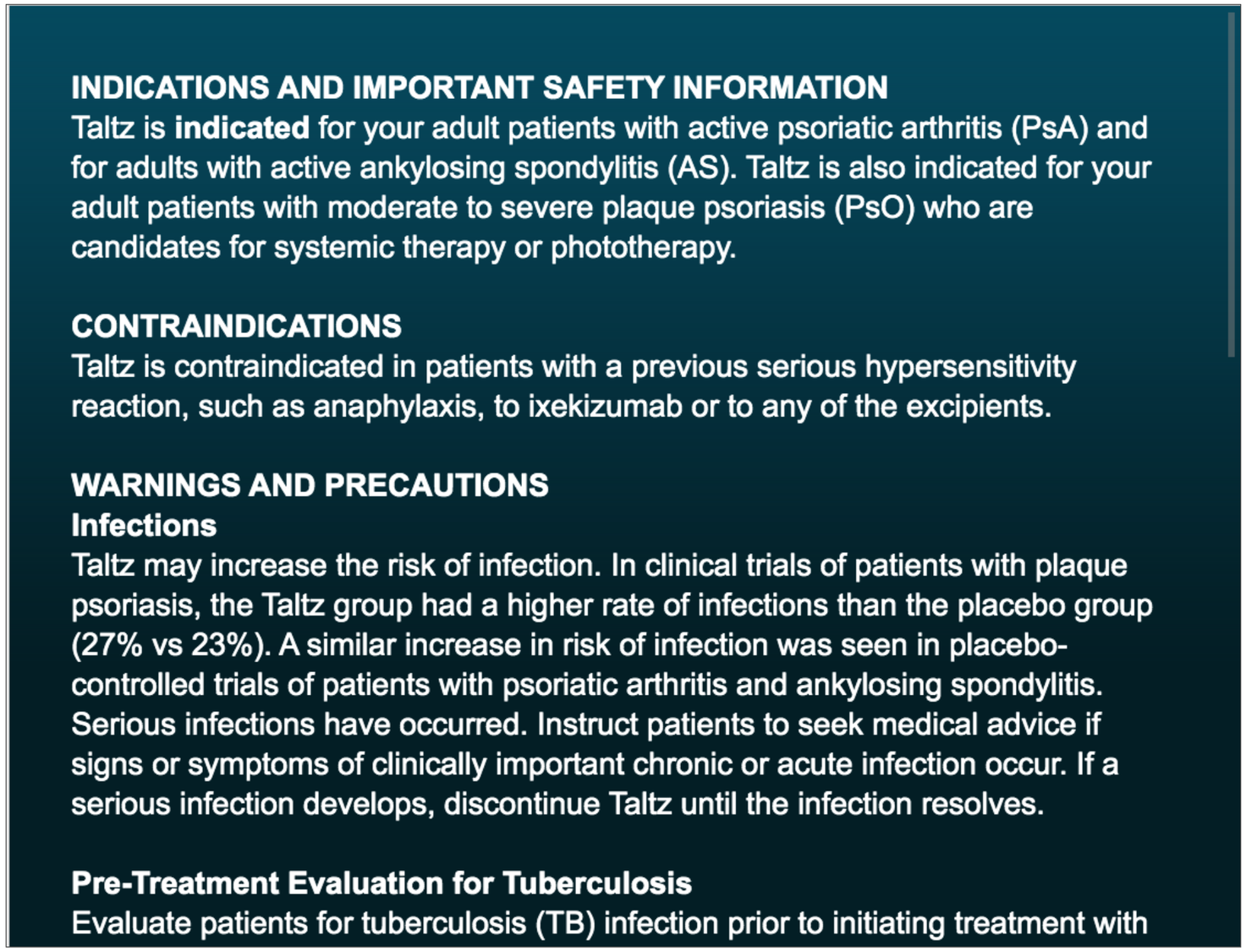
Note in SPIRIT-P1, among patients with sPGA≥3 at baseline (Taltz 80 mg every 4 weeks n=52; placebo n=41), 75% of patients receiving Taltz achieved sPGA 0,1 at week 12 vs 7% of patients who received placebo. Additionally, 31% of patients receiving Taltz achieved sPGA 0 vs 2% for placebo.[13]

In SPIRIT-P2 TNFi-experienced PsA patients with plaque psoriasis ≥3% BSA, 57% of patients receiving Taltz achieved PASI 75 at week 12 vs 10% for placebo. Additionally, 19% of patients receiving Taltz achieved PASI 100 at week 12 vs 6% for placebo.[16] Among patients with sPGA ≥3 at baseline, in SPIRIT-P1 (biologic-naive) (Taltz 80 mg every 4 weeks n=52; placebo n=41), 75% of patients receiving Taltz achieved sPGA 0,1 at week 12 vs 7% for placebo.[13] Additionally, in SPIRIT-P2 (TNFi-experienced) (Taltz 80 mg every 4 weeks n=60; placebo n=55), 63% of patients receiving Taltz achieved sPGA 0,1 vs 4% for placebo.[16,17]

You can view the trial design details for SPIRIT-P1 and -P2 by using the adjacent Study Design buttons.

References:

4. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018
14. Mease PJ, van der Heijde D, Ritchlin CT, et al; on behalf of SPIRIT-P1 Study Group. Ixekizumab, an interleukin-17A specific monoclonal antibody, for the treatment of biologic-naive patients with active psoriatic arthritis: results from the 24-week randomised, double-blind, placebo-controlled and active (adalimumab)-controlled period of the phase III trial SPIRIT-P1. *Ann Rheum Dis*. 2017;76:79-87.
16. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet*. 2017;389:2317-2327.
17. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet.* 2017;389:2317-2327. Supplementary appendix.
18. Data on file. Lilly USA, LLC. TAL20171127A.



Narrator (voiceover):

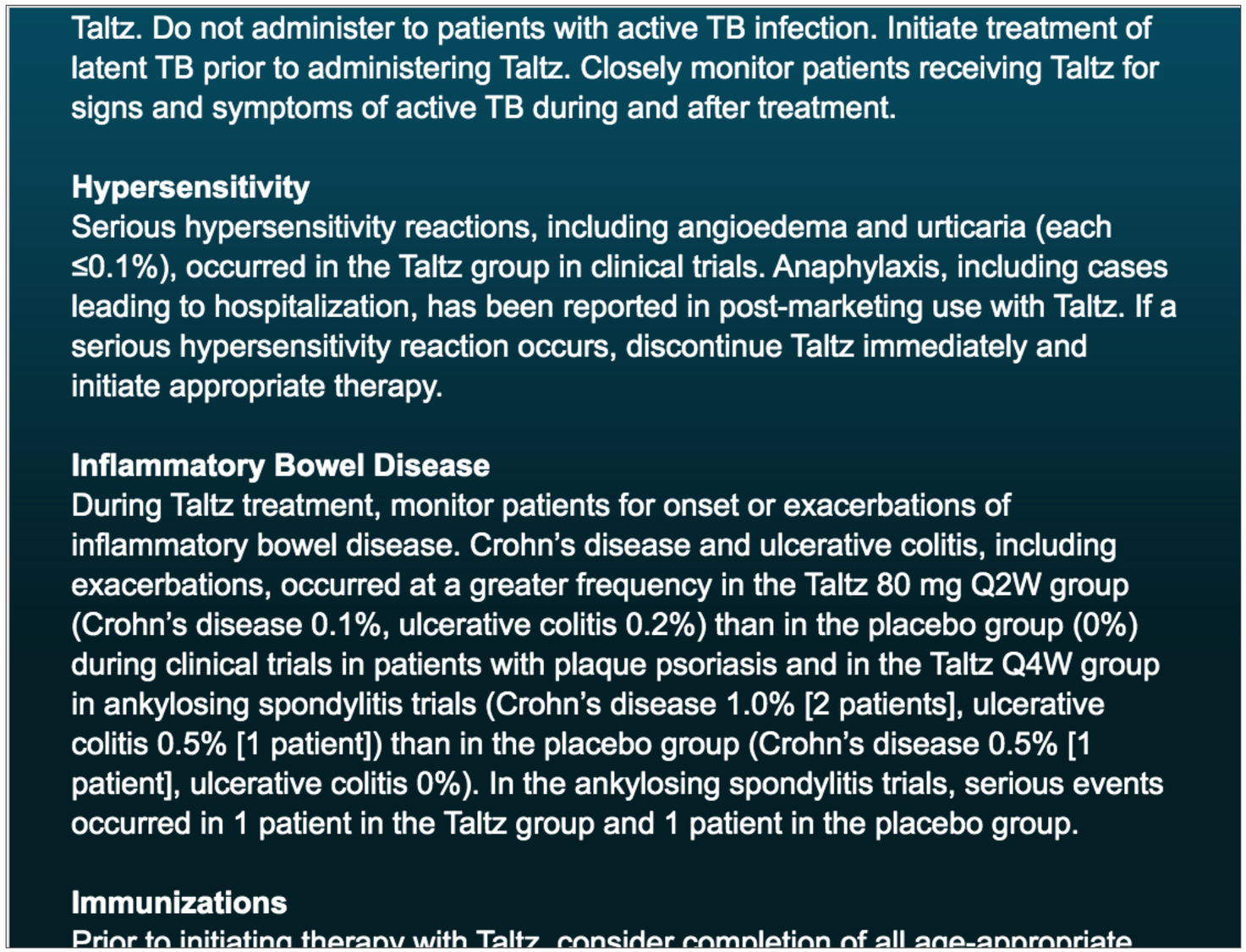
Before we get to your score, let’s take a moment to review the Indications and Important Safety Information for Taltz.

INDICATIONS AND IMPORTANT SAFETY INFORMATION
Taltz is **indicated** for your adult patients with active psoriatic arthritis (PsA) and for adults with active ankylosing spondylitis (AS). Taltz is also indicated for your adult patients with moderate to severe plaque psoriasis (PsO) who are candidates for systemic therapy or phototherapy.

CONTRAINDICATIONS
Taltz is contraindicated in patients with a previous serious hypersensitivity reaction, such as anaphylaxis, to ixekizumab or to any of the excipients.

WARNINGS AND PRECAUTIONS
Infections
Taltz may increase the risk of infection. In clinical trials of patients with plaque psoriasis, the Taltz group had a higher rate of infections than the placebo group (27% vs 23%). A similar increase in risk of infection was seen in placebo-controlled trials of patients with psoriatic arthritis and ankylosing spondylitis. Serious infections have occurred. Instruct patients to seek medical advice if signs or symptoms of clinically important chronic or acute infection occur. If a serious infection develops, discontinue Taltz until the infection resolves.

Pre-Treatment Evaluation for Tuberculosis
Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with...



Narrator (voiceover):

...Taltz. Do not administer to patients with active TB infection. Initiate treatment of latent TB prior to administering Taltz. Closely monitor patients receiving Taltz for signs and symptoms of active TB during and after treatment.

Hypersensitivity
Serious hypersensitivity reactions, including angioedema and urticaria (each ≤0.1%), occurred in the Taltz group in clinical trials. Anaphylaxis, including cases leading to hospitalization, has been reported in post-marketing use with Taltz. If a serious hypersensitivity reaction occurs, discontinue Taltz immediately and initiate appropriate therapy.

Inflammatory Bowel Disease
During Taltz treatment, monitor patients for onset or exacerbations of inflammatory bowel disease. Crohn's disease and ulcerative colitis, including exacerbations, occurred at a greater frequency in the Taltz 80 mg Q2W group (Crohn's disease 0.1%, ulcerative colitis 0.2%) than in the placebo group (0%) during clinical trials in patients with plaque psoriasis and in the Taltz Q4W group in ankylosing spondylitis trials (Crohn's disease 1.0% [2 patients], ulcerative colitis 0.5% [1 patient]) than in the placebo group (Crohn's disease 0.5% [1 patient], ulcerative colitis 0%). In the ankylosing spondylitis trials, serious events occurred in 1 patient in the Taltz group and 1 patient in the placebo group.

in ankylosing spondylitis trials (Crohn's disease 1.0% [2 patients], ulcerative colitis 0.5% [1 patient]) than in the placebo group (Crohn's disease 0.5% [1 patient], ulcerative colitis 0%). In the ankylosing spondylitis trials, serious events occurred in 1 patient in the Taltz group and 1 patient in the placebo group.

Immunizations
Prior to initiating therapy with Taltz, consider completion of all age-appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with Taltz.

ADVERSE REACTIONS
Most common adverse reactions (≥1%) associated with Taltz treatment are injection site reactions, upper respiratory tract infections, nausea, and tinea infections. Overall, the safety profile observed in patients with psoriatic arthritis and ankylosing spondylitis were consistent with the safety profile in patients with plaque psoriasis, with the exception of influenza and conjunctivitis in psoriatic arthritis.

IX HCP ISI 23AUG2019

Please see full Prescribing Information and Medication Guide for Taltz by using the adjacent links. See Instructions for Use included with the device.

Narrator (voiceover):

Immunizations
Prior to initiating therapy with Taltz, consider completion of all age-appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with Taltz.

ADVERSE REACTIONS
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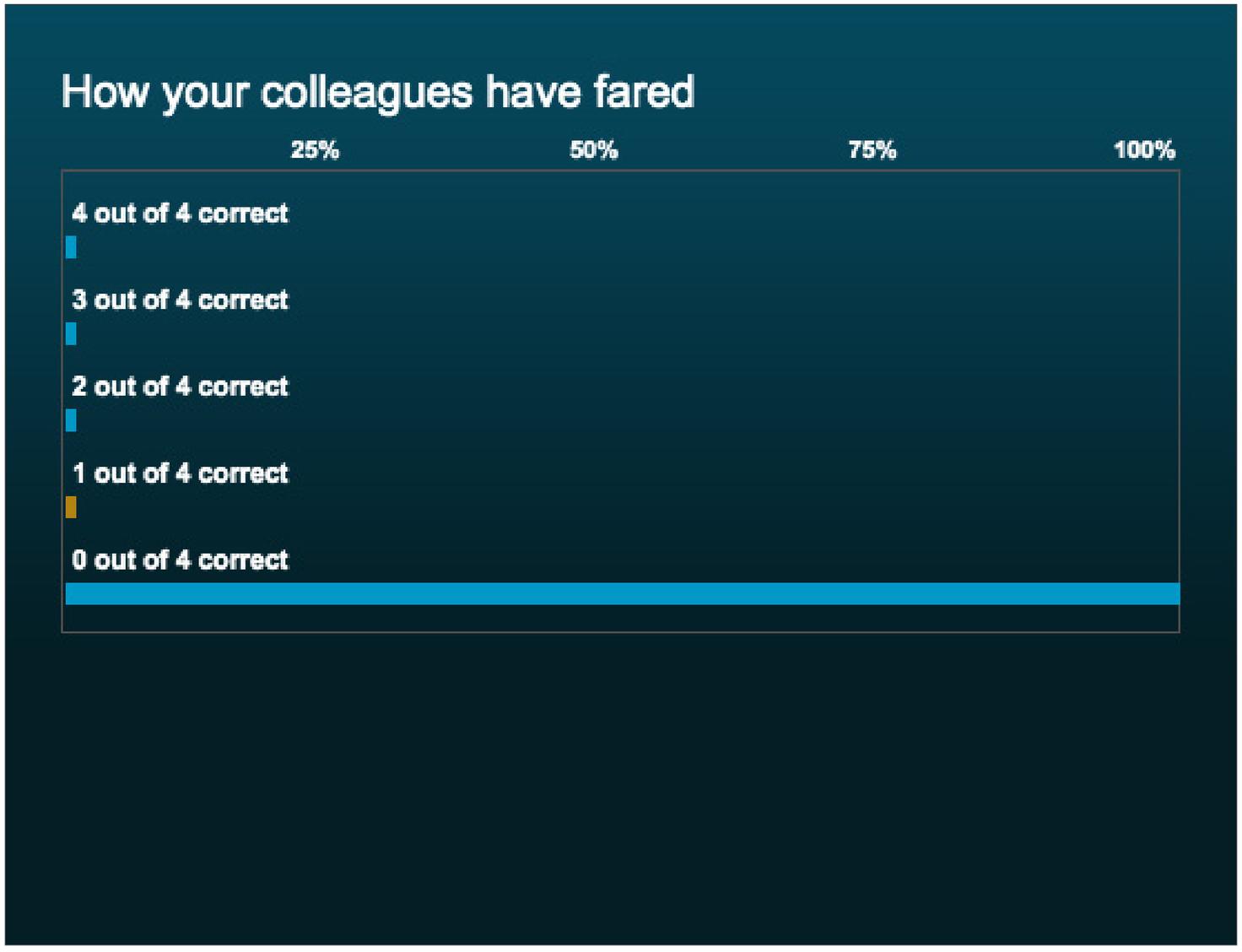
Please see full Prescribing Information and Medication Guide for Taltz by using the adjacent links. See Instructions for Use included with the device.



Narrator (voiceover):

You answered…

<appropriate scoring is announced>

All of the questions correctly. Congratulations.

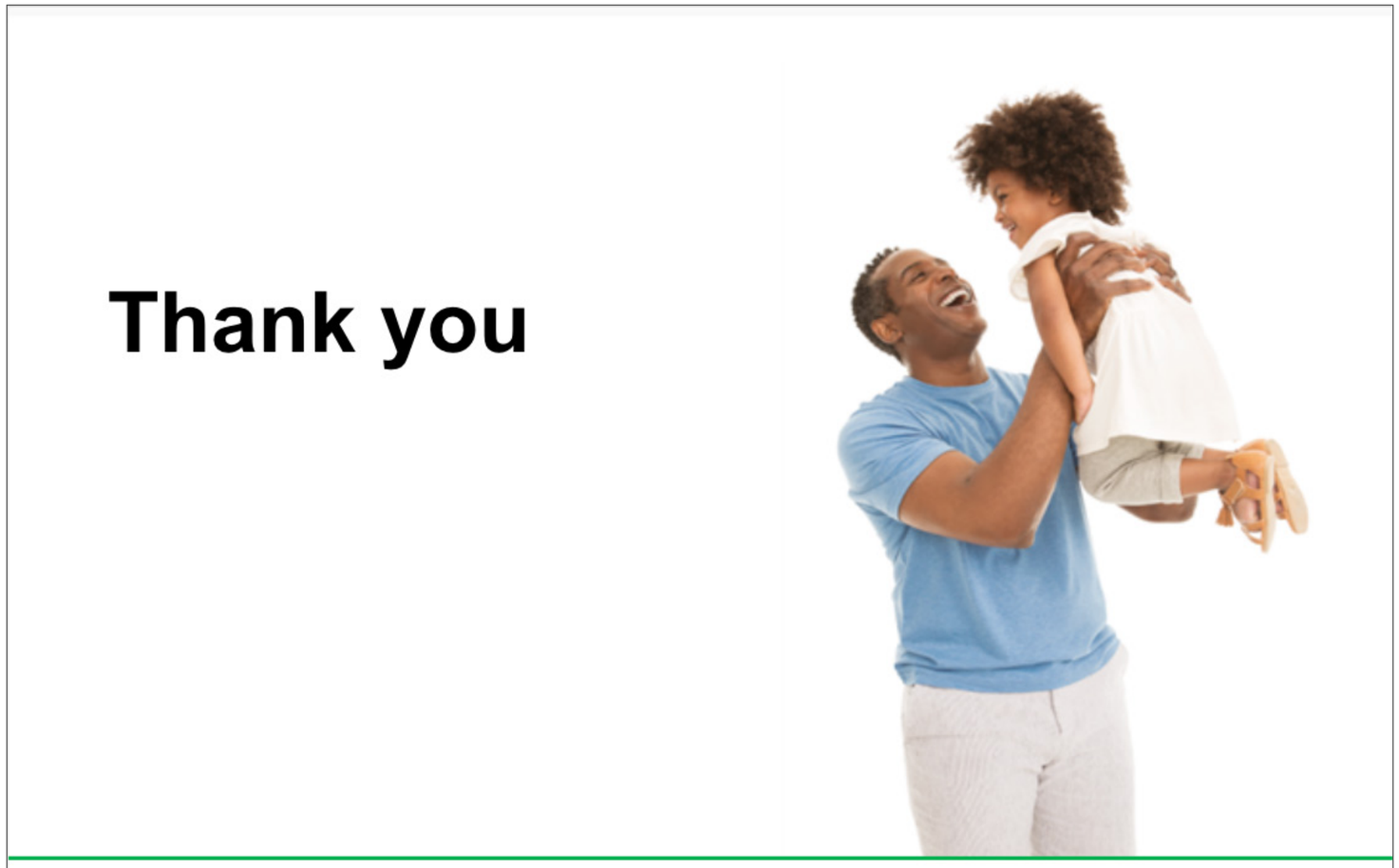
3 out of 4 questions correctly.

2 out of 4 questions correctly.

1 out of 4 questions answered correctly.

None of the questions answered correctly.

Here’s how your colleagues have fared.



Narrator (voiceover):

Thank you for participating in this program sponsored by Eli Lilly.

SPIRIT-H2H TRIAL DESIGN[1]

Head-to-head trial

SPIRIT-H2H (N=566) was a phase 4, randomized, open-label, blinded-assessor study evaluating the efficacy and safety of Taltz vs Humira in biologic-naive patients with active psoriatic arthritis and plaque psoriasis BSA ≥3%. The primary efficacy endpoint was the proportion of patients simultaneously achieving ACR50 and PASI 100 at week 24. All patients were ≥18 years of age and had ≥3 swollen and ≥3 tender joints with an inadequate response to ≥1 cDMARD. Patients were randomized (1:1) to Taltz or Humira and allowed to continue a stable dose of concomitant cDMARD during the study. For Taltz patients with psoriatic arthritis only (n=234), the initial dose (160 mg as 2 injections) was followed by 80 mg every 4 weeks. Humira patients (n=231) received 40 mg every other week and no initial dose. Patients who met the trial design criteria for moderate to severe psoriasis (BSA ≥10%, PASI ≥12, and sPGA ≥3) in addition to psoriatic arthritis followed the psoriasis dosing regimen: Taltz patients (n=49) received an initial dose of 160 mg (two 80 mg injections), followed by 80 mg every 2 weeks through week 12, then 80 mg every 4 weeks thereafter. Humira patients (n=52) received an initial dose of 80 mg, then 40 mg every other week starting 1 week after the initial dose.

SPIRIT-P1 and -P2 TRIAL DESIGN[2-5]

Registration trials

SPIRIT-P1 (N=417) and SPIRIT-P2 (N=363) were phase 3, randomized, double-blind, placebo-controlled trials to evaluate the efficacy and safety of Taltz compared with placebo in patients with active psoriatic arthritis. Patients in SPIRIT-P1 were biologic-naive. Patients in SPIRIT-P2 were tumor necrosis factor inhibitor (TNFi)-experienced, having had an inadequate response and/or intolerance to 1 or 2 prior TNFis. In both trials, the primary efficacy endpoint was the proportion of patients achieving ACR20 response at week 24. All patients were ≥18 years of age and had ≥3 swollen and ≥3 tender joints. Patients were randomized to placebo or Taltz 80 mg every 2 or 4 weeks following a 160 mg starting dose. In SPIRIT-P1, an active reference arm of Humira 40 mg every 2 weeks was included. Patients in all study arms were allowed to continue taking stable background medications during the trial. Inadequate responders (as defined by blinded criteria of <20% improvement in tender and in swollen joint counts) at week 16 received rescue therapy and were analyzed as nonresponders after week 16 until the primary endpoint. After receiving rescue therapy, inadequate responders in the placebo and Humira arms were re-randomized to Taltz 80 mg every 2 or 4 weeks. Nonresponder imputation (NRI) methods were used for categorical efficacy analyses during the double-blind treatment period.

References:

1. Data on file. Lilly USA, LLC. DOF-IX-US-0119.
2. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; 2018.
3. Mease PJ, van der Heijde D, Ritchlin CT, et al; on behalf of SPIRIT-P1 Study Group. Ixekizumab, an interleukin-17A specific monoclonal antibody, for the treatment of biologic-naive patients with active psoriatic arthritis: results from the 24-week randomised, double-blind, placebo-controlled and active (adalimumab)-controlled period of the phase 3 trial SPIRIT-P1. *Ann Rheum Dis*. 2017;76(suppl):1-30.
4. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet*. 2017;389:2317-2327.
5. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet*. 2017;389:2317-2327. Supplementary appendix.

References:
Pathogenesis of psoriatic arthritis, and assessing potential treatments

1. Schön MP. The plot thickens while the scope broadens: a holistic view on IL-17 in psoriasis and other inflammatory disorders. *Exp Dermatol*. 2014;23:804-806.

2. Raychaudhuri SK, Saxena A, Raychaudhuri SP. Role of IL-17 in the pathogenesis of psoriatic arthritis and axial spondyloarthritis. *Clin Rheumatol*. 2015;34:1019-1023.

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5. Martin DA, Towne JE, Kricorian G, et al. The emerging role of IL-17 in the pathogenesis of psoriasis: preclinical and clinical findings. *J Invest Dermatol*. 2013:133:17-26.

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7. Paul C. Ixekizumab or secukinumab in psoriasis: what difference does it make? *Br J Dermatol*. 2018;178:1003-1005.

8. Data on file. Lilly USA, LLC. DOF-IX-US-0121.

9. Data on file. Lilly USA, LLC. DOF-IX-US-0122.

10. Data on file. Lilly USA, LLC. DOF-IX-US-0123.

11. Data on file. Lilly USA, LLC. DOF-IX-US-0124.

12. Data on file. Lilly USA, LLC. DOF-IX-US-0125.

13. Data on file. Lilly USA, LLC. DOF-IX-US-0119.

14. Mease PJ, van der Heijde D, Ritchlin CT, et al; on behalf of SPIRIT-P1 Study Group. Ixekizumab, an interleukin-17A specific monoclonal antibody, for the treatment of biologic-naive patients with active psoriatic arthritis: results from the 24-week randomised, double-blind, placebo-controlled and active (adalimumab)-controlled period of the phase III trial SPIRIT-P1. *Ann Rheum Dis*. 2017;76:79-87.

15. van der Heijde D, Gladman DD, Kishimoto M, et al. Efficacy and safety of ixekizumab in patients with active psoriatic arthritis: 52-week results from a phase III study (SPIRIT-P1). *J Rheumatol*. 2018;45:367-377

16. Nash P, Kirkham B, Okada M, et al; on behalf of SPIRIT-P2 Study Group. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. *Lancet.* 2017;389:2317-2327.

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