



Ixekizumab

Revised: November 15, 2023.

CASRN: 1143503-69-8

Drug Levels and Effects

Summary of Use during Lactation

Little information is available on the clinical use of ixekizumab during breastfeeding. Because ixekizumab is a large protein molecule with a molecular weight of 146,000 Da, the amount in milk is likely to be very low.[1] It is also likely to be partially destroyed in the infant's gastrointestinal tract and absorption by the infant is probably minimal.[2] Some professional guidelines state that the drug is acceptable to use during breastfeeding.[3,4] Until more data become available, ixekizumab should be used with caution during breastfeeding, especially while nursing a newborn or preterm infant. Waiting for at least 2 weeks postpartum to resume therapy may minimize transfer to the infant.[5]

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

A mother with generalized pustular psoriasis was treated with ixekizumab during lactation. No outcome data on the infant were presented.[6]

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

Alternate Drugs to Consider

(Psoriasis) Adalimumab, Certolizumab Pegol, Etanercept, Infliximab, Phototherapy, Tretinoin

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

Attribution Statement: LactMed is a registered trademark of the U.S. Department of Health and Human Services.

References

1. Stratigakis A, Paty D, Zou P, et al. A regression approach for assessing large molecular drug concentration in breast milk. *Reprod Breed* 2023;3:199-207. doi:10.1016/j.repbre.2023.10.003
2. Anderson PO. Monoclonal antibodies during breastfeeding. *Breastfeed Med* 2021;16:591-3. PubMed PMID: 33956488.
3. Smith CH, Yiu ZZN, Bale T, et al. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2020: A rapid update. *Br J Dermatol* 2020;183:628-37. PubMed PMID: 32189327.
4. Russell MD, Dey M, Flint J, et al. British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: Immunomodulatory anti-rheumatic drugs and corticosteroids. *Rheumatology (Oxford)* 2023;62:e48-e88. PubMed PMID: 36318966.
5. Krysko KM, Dobson R, Alroughani R, et al. Family planning considerations in people with multiple sclerosis. *Lancet Neurol* 2023;22:350-66. PubMed PMID: 36931808.
6. Huang D, Liu T, Li J, et al. Generalized pustular psoriasis recurring during pregnancy and lactation successfully treated with ixekizumab. *Dermatol Ther* 2022;35:e15878. PubMed PMID: 36181408.

Substance Identification

Substance Name

Ixekizumab

CAS Registry Number

1143503-69-8

Drug Class

Breast Feeding

Lactation

Milk, Human

Antibodies, Monoclonal, Humanized

Dermatologic Agents