

## RESIDENT ROUNDS: PART II

### Therapy in Psoriasis

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At UPMC we take pride in our psoriasis clinic, where residents learn to prescribe and manage patients on biologic and other systemic therapies for psoriasis from day one of residency.

**TABLE 1.**

High Yield Systemics in Psoriasis, Melanoma and General Immunosuppressants						
Drug (brand name)	Mechanism of Action	Dosing	Adverse Side-effects	Other Comment	Lab Monitoring	Pregnancy Category
<b>Psoriasis Therapy</b>						
<b>Anti IL-12/IL-23 Agents</b>						
Ustekinumab (Stelara)	IL12/IL23 inhibitor: human monoclonal IgG1 Ab against P40 subunit of IL12 and IL23	SQ: 45 mg (if patient <100 kg) 90 mg (if pt >100 kg) x 1 at 0 and 4 wks, then q 12 wks after)	Safety profile comparable to placebo; no lymphomas, demyelinating disease TB, or Salmonella; one case of reversible posterior leukoencephalopathy syndrome reported	Do not use in combination with phototherapy (increases risk for skin cancers) -No live vaccinations during therapy -No BCG 1 yr before, during, or 1 yr after therapy (patients with bladder cancer can not receive intravesicular BCG)	CBC and baseline and yearly quantiferon gold/PPD	B
<b>Anti-TNF Agents</b>						
Adalumimab (Humira)	Fully Human IgG1 (binds soluble and membrane bound TNF)	SQ: 80mg (wk 0), 40 mg every other week from week 1	Generally safe and well tolerated; lymphomas; infections (although opportunistic infections are rare); positive ANA antibody development → lupus like syndrome		CBC, CMP, Hep B, Hep C, baseline and yearly quantiferon gold/PPD	B
Infliximab (Remicade)	Chimeric (mouse/human) monoclonal Ab	IV, 5 mg/kg at wk 0, 2, 6, then q8wks thereafter	Black box warning for serious infections and sepsis (monitor pts closely); demyelinating disorders (MS, optic neuritis); caution in CHF; neutralizing autoantibodies; infusion reaction, rare ↑LFT, lymphomas; positive ANA antibody development → lupus like syndrome	Rapid response; high rate of responders and infrequent administration are advantages	CBC, CMP, Hep B, Hep C, baseline and yearly quantiferon gold/PPD	B

Etanercept (Enbrel)	Human fusion protein with human TNF type II receptor with human IgG1 Fc region	SQ: 50 mg twice weekly x 3 months, then 50 mg once weekly	Serious infections; exacerbation or new-onset demyelinating diseases including MS; positive ANA antibody development → lupus like syndrome; CHF exacerbation; data to suggest that malignancy rate is not increased over time	Effective for both psoriasis and psoriatic arthritis;	Same as above B
<b>Emerging Biologic Therapy for Psoriasis</b>					
<b>Anti-IL17</b>					
Secukinumab	IL17A inhibitor (Human IgG1 monoclonal antibody)				
Ixekizumab	IL17A inhibitor (Humanized IgG4 monoclonal antibody)				
Brodalumab	IL-17 receptor inhibitor (Human monoclonal antibody)				
<b>Anti-IL23 p19</b>					
Guselkumab	Human monoclonal Ab against p19 subunit of IL23				
Tildrakizumab	Humanized Ab against P19 subunit of IL23				
<b>JAK inhibitors</b>					
Tofacitinib (Xeljanz)	Janus Kinase (JAK) inhibitor	5 mg PO BID	Pancytopenia, ↑ LFT's, ↑ lipids		

**DISCLOSURES**

None of the authors have declared any relevant conflicts.

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