

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
Psoriasis Therapy						
Anti IL-12/IL-23 Agents						
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
Anti-TNF Agents						
Adalimumab (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
Emerging Biologic Therapy for Psoriasis						
Anti-IL17						
Secukinumab	IL17A inhibitor (Human IgG1 monoclonal antibody)					
Ixekizumab	IL17A inhibitor (Humanized IgG4 monoclonal antibody)					
Brodalumab	IL-17 receptor inhibitor (Human monoclonal antibody)					
Anti-IL23 p19						
Guselkumab	Human monoclonal Ab against p19 subunit of IL23					
Tildrakizumab	Humanized Ab against P19 subunit of IL23					
JAK inhibitors						
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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