# Interleukin-17 Inhibitors
## Therapeutic Cheat Sheet

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**Reviewed by:** Adam Friedman, MD

<table>
<thead>
<tr>
<th>DRUGS</th>
<th>MECHANISM</th>
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| Secukinumab (Cosentyx)  
Ixekizumab (Taltz)  
Brodalumab (Siliq) | Secukinumab – IgG1 monoclonal antibody binding IL-17A  
Ixekizumab – IgG4 monoclonal antibody binding IL-17A  
Brodalumab – IgG2 monoclonal antibody binding IL-17 receptor A, blocking activity of IL-17A,F,A/F and E. |

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<tr>
<th>FDA APPROVED FOR</th>
<th>OFF-LABEL USES</th>
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| Secukinumab – Adult plaque psoriasis (with sebopsoriasis data included on label), psoriatic arthritis and ankylosing spondylitis  
Ixekizumab – Adult plaque psoriasis (with genital psoriasis data included on label), psoriatic arthritis and ankylosing spondylitis  
Brodalumab – Adult plaque psoriasis | Hidradenitis suppurativa, Bechet’s disease, lichen planus, pustular psoriasis, impetigo herpetiformis, rheumatoid arthritis, pityriasis rubra pilaris |

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<th>DOSING</th>
<th>SIDE EFFECTS</th>
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| Secukinumab – 300 mg SQ wk 0,1,2,3,4 then every 4 weeks  
Ixekizumab – 160 mg SQ wk 0, 80 mg wk 2,4,6,8,10,12 then every 4 weeks  
Brodalumab – 210 mg SQ wk 0,1,2 then every 2 weeks | As a class:  
rare reports of drug-neutralizing antibodies, increased risk of infection (particularly mucocutaneous candidiasis), development of new or flaring of IBD, neutropenia, hepatotoxicity, injection site reaction  
Specific:  
Secukinumab – elevation of LFTs  
Ixekizumab – injection site pain  
Brodalumab – reports of suicidal ideation and completed suicides in clinical trials |

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<tr>
<th>PREGNANCY AND LACTATION</th>
<th>MONITORING</th>
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| Data is incomplete with conflicting animal data (no harm to developing fetus though increased fetal death with high doses of ixekizumab). No data about excretion in breast milk. | Baseline: Thorough history and physical with special attention to infection history, history of IBD, psychiatric history including thoughts of suicide  
Labs: CBC, CMP, TB test such as Quantiferon Gold, HBV and HCV antibody studies, HIV  
Follow Up: Visits every 3-6 months depending on patient progress. Each visit, special attention to history of infection, new GI symptoms, psychiatric symptoms if on brodalumab. Patients should have regular skin cancer screening and yearly TB test. |