## IL-23 Inhibitors
### Therapeutic Cheat Sheet

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### Generic and Trade Name
- Guselkumab (Tremfya)
- Tildrakizumba (Ilumya)
- Risankizumab (Skyrizi)

### Mechanism of Action
Monoclonal antibodies that bind to the p19 subunit of IL-23A

### FDA Approved For
Moderate-to-severe plaque psoriasis

### Adverse Effects
- Nasopharyngitis
- Upper respiratory tract infections
- Headache

### Efficacy
- **PASI 90 at 10-16 weeks:**
  - Guselkumab, 100mg: (62.5 – 71.9%)
  - Tildrakizumab, 200mg: (33.3 – 44.7%)
  - Tildrakizumab, 100mg: (31.4 – 42.5%)
  - Risankizumab, 150mg: (67.5 – 75.4%)

### Pregnancy and Lactation
- Safety during pregnancy is not known
- The presence of IL-23 inhibitors in secreted human milk has not been studied. Antibodies are secreted during lactation and caution is recommended.

### Baseline Screening
- CBC, CMP, PPD or Quantiferon Gold for latent TB.
- Referral for chest radiograph for positive TB test.
- Serologic tests for hepatitis B and C.
- Pretreatment test for HIV at the treating practitioner’s discretion.

### Dosing
- **Guselkumab:** 100mg at weeks 0, 4, then every 8 weeks
- **Tildrakizumab:** 100mg at week 0, 4, then every 12 weeks
- **Risankizumab:** 150mg at weeks 0, 4, then every 12 weeks

### Pregnancy and Lactation
- Safety during pregnancy is not known
- The presence of IL-23 inhibitors in secreted human milk has not been studied. Antibodies are secreted during lactation and caution is recommended.

### Follow Up
- Quarterly to twice yearly on the basis of time of treatment, response and tolerability of medication.

### Temporary Discontinuation and Reinitiation of Therapy
- Presence of febrile illness, especially illness requiring antibiotic treatment.
- Restart after full resolution of symptoms/signs and completion of any antibiotic course.

### Warnings and Precautions
- May increase risk of common infections: GI, URI, Tinea, HSV.
- Immunizations should be up to date, avoid live vaccines.