PSORIASIS TREATMENTS

These medications are not recommended for children and should be used for adults that are ≥18yrs.

Generic	Brand	Adult Dose
INTERLEUKIN-12 AND INTERLEUKIN-23 ANTAGONIST[1]		
ustekinumab	**Stelara**	≤100kg (220lbs): 45mg SC once, then 4wks later, then once every 12wks. >100kg (220lbs): 90mg SC once, then 4wks later, then once every 12wks.
INTERLEUKIN-17A ANTAGONIST		
ixekizumab	**Taltz**	160mg (given as two 80mg SC injections) at Week 0, then 80mg at Weeks 2, 4, 6, 8, 10, and 12, then 80mg every 4wks.
secukinumab	**Cosentyx**	300mg (given as two 150mg SC injections) at Weeks 0, 1, 2, 3, and 4 then 300mg every 4wks. For some patients, 150mg dose may be acceptable.
PSORALEN[2]		
methoxsalen	**8-MOP**	Take Oxsoralen-Ultra 1½–2hrs or 8-MOP 2hrs before UVA exposure with low fat food or milk. (<30kg): 10mg; (30–50kg): 20mg; (51–65kg): 30mg; (66–80kg): 40mg; (81–90kg): 50mg; (91–115kg): 60mg; (>115kg): 70mg.
	Oxsoralen-Ultra	
TUMOR NECROSIS FACTOR (TNF) BLOCKERS[1]		
adalimumab	**Humira**	Initially 80mg SC, followed by 40mg every other week 1wk after initial dose.
etanercept	**Enbrel**	Initially 50mg SC twice weekly (3–4 days apart), or 25mg or 50mg per week; both for 3mos; then 50mg/week (maintenance).
infliximab	**Remicade**	5mg/kg IV induction at Weeks 0, 2 and 6; then give every 8wks.
OTHERS		
acetritin	**Soriatane**	25–50mg orally once daily with main meal. *Maintenance:* 25–50mg dependent on patient response. *Individualize therapy.*
apremilast	**Otezla**	Starting on Day 1: 10mg in the AM. Day 2: 10mg in AM and 10mg in PM. Day 3: 10mg in AM and 20mg in PM. Day 4: 20mg in AM and 20mg in PM. Day 5: 20mg in AM and 30mg in PM. Following on Day 6 and thereafter: 30mg twice daily (AM & PM).
betamethasone dipropionate	**Sernivo**	Apply twice daily for up to max 4wks; discontinue when control is achieved.
calcipotriene + betamethasone dipropionate	**Enstilar**	Apply once daily for up to 4wks; discontinue when control is achieved; max 60g every 4 days.
cyclosporine	**Gengraf[3]**	1.25mg/kg twice daily; may increase after 4wks by 0.5mg/kg/day, then adjust at 2-week intervals; max 4mg/kg/day.
	Neoral[3]	1.25mg/kg twice daily; may increase after 4wks by 0.5mg/kg/day, then adjust at 2-week intervals; max 4mg/kg/day.
methotrexate	**Rasuvo**	10–25mg once weekly using an oral, IM, SC, or IV form; max 30mg/wk. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/week or >30mg/week, high-dose regimens, or dose adjustments <2.5mg increments.

NOTES

[1] These medications should only be used under the guidance and supervision of a physician.

[2] Intended to be administered only in conjunction with a schedule of controlled doses of long wave UV radiation. See literature for UVA exposure schedule.

[3] Not bioequivalent to all other forms of cyclosporine; do not interchange without physician supervision.

For more information, refer to manufacturers' full prescribing information or visit www.eMPR.com. (Rev. 2/2017)