

Table 2. US Food and Drug Administration–Approved Biologic and Oral Systemic Treatments for Psoriasis (continued)

Systemic treatment	Structure of biologic or target of oral systemic	Dosing for plaque psoriasis ^a	Efficacy at primary end point ^b	Safety considerations
Anti-IL-23				
Guselkumab	Human monoclonal IL-23 antibody	Loading/induction dose: 100 mg at weeks 0 and 4 Maintenance dose: 100 mg every 8 weeks	Adults: 73% achieve PASI 90 at week 16 (placebo, 3%); 85% achieve IGA 0/1 at week 16 (placebo: 8%) ⁸⁰ Superior to adalimumab and secukinumab at 1 year ⁸¹	Efficacy in axial psoriatic arthritis is under investigation Discontinue during serious infection until the infection resolves
Tildrakizumab	Human monoclonal IL-23 antibody	Loading/induction dose: 100 mg at weeks 0 and 4 Maintenance dose: 100 mg every 12 weeks	Adults: 64% achieve PASI 75 at week 12 (placebo, 6%); 58% achieve IGA 0/1 at week 12 (placebo, 7%) ⁸² Superior to etanercept at 12 weeks ⁸²	Efficacy in axial psoriatic arthritis is under investigation Discontinue during serious infection until the infection resolves
Risankizumab	Human monoclonal IL-23 antibody	Loading/induction dose: 150 mg at weeks 0 and 4 Maintenance dose: 150 mg every 12 weeks	Adults: 75% achieve PASI 90 at week 16 (placebo, 4%); 86% achieve IGA 0/1 at week 16 (placebo, 7%) ⁸³ Superior to ustekinumab at 1 year and adalimumab at 16 weeks ^{83,84} High efficacy for scalp, nail, and palmoplantar psoriasis ^{83,84}	Efficacy in axial psoriatic arthritis is under investigation Discontinue during serious infection until the infection resolves