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SQ = subcutaneous, q = every, wk/W = weeks,
PsO = psoriasis, PsA = psoriatic arthritis, PEDS = pediatric dosing,
GPP = Generalized Pustular Psoriasis
*FDA approved to treat both psoriasis and psoriatic arthritis.

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Biologic Medication Quick Reference Sheet for Psoriasis and Hidradenitis Suppurativa

Brand Name	Generic Name	Ages	Loading Dose	Maintenance Dose	Mechanism of Action
PSORIASIS					
Enbrel*	Etanercept	PsA 18 yrs + PsO 4 yrs +	50 mg twice weekly for 12 wks	50 mg q wk	TNF-α blocker
			PEDS: 0.8 mg/kg q wk (max-dose 50 mg q wk)		
Humira*	Adalimumab	PsO / PsA 18 yrs +	80 mg on Day 1 and then 40 mg on Day 8	40 mg q2 wks	TNF-α blocker
Remicade*	Infliximab	PsO / PsA 18 yrs +	5 mg/kg IV wk 0, 2, and 6	5 mg/kg IV q8 wks	TNF-α blocker
Cimzia*	Certolizumab Pegol	PsO / PsA 18 yrs +	>90 kg: no loading dose	400 mg q2 wks	TNF-α blocker
			≤90 kg: 400 mg at wk 0, 2 and 4	200 mg q2 wks	
Bimzelx*	Bimekizumab	PsO / PsA 18 yrs +	320 mg at wk 0, 4, 8, 12, and 16	320 mg q8 wks (for patients ≥ 120 kg, consider 320 mg q4 wks after wk 16)	IL-17A and F antagonist
Cosentyx*	Secukinumab	PsA 2 yrs + PsO 6 yrs +	300 mg at wk 0, 1, 2, 3, and 4	300 mg q4 wks	IL-17A antagonist
			PEDS: Dosage based on body weight and administered at wks 0, 1, 2, 3, and 4 and q4 wks <50 kg = 75 mg ǀ ≥50 kg = 150 mg		
Taltz*	Ixekizumab	PsA 18 yrs + PsO 6 yrs +	160 mg at wk 0, then 80 mg at wk 2, 4, 6, 8, 10, and 12	80 mg q4 wks	IL-17A antagonist
			PEDS: >50 kg = 160 mg at wk 0 then 80 mg q4 wks ǀ 25 to 50 kg = 80 mg at wk 0 then 40 mg q4 wks <25 kg = 40 mg at wk 0 then 20 mg q4 wks		
Siliq	Brodalumab	PsO 18 yrs +	210 mg at wk 0, 1, and 2	210 mg q2 wks	IL-17A receptor antagonist
Stelara*	Ustekinumab	PsA 6 yrs + PsO 6 yrs +	≤100 kg: 45 mg at wk 0 and 4	45 mg q12 wks	IL-12 and IL-23 antagonist
			>100 kg: 90 mg at wk 0 and 4	90 mg q12 wks	
			PEDS: Weight-based dosing recommended at initial dose, 4 weeks later, then q12 weeks. <60 kg = 0.75 mg/kg ǀ 60 kg to 100 kg = 45 mg ǀ >100 kg = 90 mg		
Tremfya*	Guselkumab	PsO / PsA 18 yrs +	100 mg at wk 0 and 4	100 mg q8 wks	IL-23 antagonist
Ilumya	Tildrakizumab	PsO 18 yrs +	100 mg at wk 0 and 4	100 mg q12 wks	IL-23 antagonist
Skyrizi*	Risankizumab	PsO / PsA 18 yrs +	150 mg at wk 0 and 4	150 mg q12 wks	IL-23 antagonist
Spevigo (GPP)	Spesolimab	12 yrs + (weighing at least 40 kg)	For treatment of flare: 900 mg IV Not experiencing a flare: 600 mg SQ	For treatment of flare: Repeat in one week if flare persists Not experiencing a flare: 300 mg SQ q4 weeks (SQ use after IV dose for flare treatment: Initiate or reinitiate at 300 mg SQ q4 weeks ǀ no loading dose req'd)	IL-36 receptor antagonist
HIDRADENITIS SUPPURATIVA					
Humira	Adalimumab	12 yrs +	Day 1: 160 mg (given in one day or split over 2 consecutive days) ǀ Day 15: 80 mg ǀ Day 29: 40 mg q wk or 80 mg q2 wks	40 mg q wk or 80 mg q2 wks	TNF-α blocker
			PEDS: 30 kg to <60 kg: Day 1: 80 mg ǀ Day 8: 40 mg >60 kg: Day 1: 160 mg (given in one day or split over 2 consecutive days) ǀ Day 15: 80 mg ǀ Day 29 and subsequent doses: 40 mg q wk or 80 mg q2 wks	**PEDS:** 30 kg to <60 kg: 40 mg q2 wks >60 kg: 40 mg q wk or 80 mg q2 wks	
Cosentyx	Secukinumab	18 yrs +	300 mg at wk 0, 1, 2, 3, and 4	300 mg q4 wks ǀ if inadequate response 300 mg q2 wks may be considered	IL-17A antagonist
Bimzelx	Bimekizumab	18 yrs +	320 mg at wk 0, 2, 4, 6, 8, 10, 12, 14, and 16	320 mg q4 wks	IL-17A and F antagonist

For more resources, visit dermsquared.com/resources/toolkit
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q = every, wk/W = weeks,
PEDS = pediatric dosing

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Biologic Medication Quick Reference Sheet for Atopic Dermatitis and Prurigo Nodularis

Brand Name	Generic Name	Ages	Loading Dose	Maintenance Dose	Mechanism of Action
ATOPIC DERMATITIS					
Dupixent	Dupilumab	6 mos +	600 mg	300 mg q2 wks	IL-4 receptor-α antagonist (inhibits IL-4 and IL-13)
			PEDS 6m–5y: 5 to less than 15 kg = 200 mg q4 wks ǀ 15 to less than 30 kg = 300 mg q4 wks **PEDS 6y–17y:** 15 to less than 30 kg = 600 mg then 300 mg q4 wks ǀ 30 to less than 60 kg = 400 mg then 200 mg q2 wks ǀ 60 kg + = 600 mg then 300 mg q2 wks		
Ebglyss	Lebrikizumab	12 yrs + (weighing at least 40 kg)	500 mg at wk 0 and 2, then 250 mg q2 wks until wk 16 or later, when adequate clinical response is achieved	250 mg q4 wks	IL-13 antagonist
Adbry	Tralokinumab	12 yrs +	Adults: 600 mg	Adults: 300 mg q2 wks; after 16 wks, q4 wks may be considered for adults <100 kg who achieve clear or almost clear skin	IL-13 antagonist
			PEDS 12y-17y: 300 mg	**PEDS 12y-17y:** 150 mg q2 wks	
Nemluvio	Nemolizumab	12 yrs +	60 mg	30 mg q4 wks; for patients achieving clear or almost clear skin at 16 wks, 30 mg q8 wks recommended. Use with topical corticosteroids and/or topical calcineurin inhibitors. When the disease has sufficiently improved, discontinue use of topical therapies	IL-31 receptor antagonist
PRURIGO NODULARIS					
Dupixent	Dupilumab	18 yrs +	600 mg	300 mg q2 wks	IL-4 receptor-α antagonist (inhibits IL-4 and IL-13)
Nemluvio	Nemolizumab	18 yrs +	Adults: 60 mg	Adults weighing ≥90 kg: 60 mg q4 wks Adults weighing <90 kg: 30 mg q4 wks	IL-31 receptor antagonist

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