- Not all patients with psoriatic disease respond to tumor necrosis factor (TNF) inhibitors, indicating the presence of other important inflammatory pathways in this disease.
- The production of interleukin (IL)-12 and IL-23 are important in psoriatic disease because of their downstream effects.
- Targeting IL-12/23 with drugs such as ustekinumab provides an alternative treatment approach where TNF inhibitors have failed or never been effective.
- Clinical studies support the use of ustekinumab in both psoriasis and psoriatic arthritis, with Psoriasis Area Severity Index (PASI) 75 rates in excess of 80% and American College of Rheumatology (ACR) 20 rates of 50% 24 weeks after the start of treatment.
- Adverse event rates are similar to the other biologic drugs used in psoriatic disease.

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