Immunol., 150(3), pp407–415, 2007; Kagami *et al.*, *J Invest Dermatol*., 130(5), pp1373–1383, 2010).

Treatment of psoriasis with biologic therapy, particularly with those agents targeting the IL-23/Th17 axis, has demonstrated clinical activity in patients with psoriasis (Crow JM, *Nature*,492(7429), S58-S59, 2012). Agents specifically targeting the IL-23 p19 subunit have demonstrated clinical activity in psoriasis (Kopp *et al*., *Nature*, 14175, 2015).

There is a need for treatment options for psoriasis that lead to favourable outcomes for patients, for example in terms of efficacy, safety and/or tolerability of the treatment.

SUMMARY

In an aspect of the present disclosure, there is provided a use of mirikizumab in the manufacture of a medicament for the treatment of moderate to severe plaque psoriasis, wherein:

a) four induction doses of mirikizumab are to be administered by subcutaneous injection at 4 week intervals, wherein each induction dose comprises 250 mg of mirikizumab; and

b) maintenance doses of mirikizumab are to be administered by subcutaneous injection at 8 week intervals, wherein the first maintenance dose is administered 4 weeks after the last induction dose is administered and wherein each maintenance dose comprises 125 mg or 250 mg of mirikizumab.

DESCRIPTION

The present invention addresses the above needs and provides methods for treating inflammatory diseases, in particular methods comprising administering an anti-lL-23p19 antibody to a patient in certain amounts and/or at certain intervals. In one aspect, the present invention provides a method for the treatment of psoriasis comprising administering mirikizumab to a patient, said method comprising:

a) administering at least one induction dose of mirikizumab to the patient, wherein the induction dose comprises 20 mg to 600 mg of mirikizumab; and

b) administering at least one maintenance dose of mirikizumab to the patient after the last induction dose is administered, wherein the maintenance dose comprises 20 mg to 600 mg of mirikizumab.

In an embodiment of the present invention, the psoriasis is moderate to severe plaque psoriasis.

In a further embodiment of the present invention, the psoriasis is scalp psoriasis.

In a further embodiment of the present invention, the patient is biologic-naïve. In an alternative embodiment of the method of the present invention, the patient is biologic-experienced.

In a still further embodiment of the present invention, the at least one induction dose comprises 20 mg, 30 mg, 60 mg, 100 mg, 120 mg, 125 mg, 250 mg, 300 mg, 350 mg, 400 mg or 600 mg of mirikizumab.

Preferably, the at least one induction dose comprises 250 mg of mirikizumab.

CLAIMS:

1. Use of mirikizumab in the manufacture of a medicament for the treatment of moderate to severe plaque psoriasis, wherein:

a) four induction doses of mirikizumab are to be administered by subcutaneous injection at 4 week intervals, wherein each induction dose comprises 250 mg of mirikizumab; and

b) maintenance doses of mirikizumab are to be administered by subcutaneous injection at 8 week intervals, wherein the first maintenance dose is administered 4 weeks after the last induction dose is administered and wherein each maintenance dose comprises 125 mg or 250 mg of mirikizumab.