



[Authoritative facts](#) about the skin from the [New Zealand Dermatological Society Incorporated](#).

[Home](#) | [Treatments](#)

Efalizumab

Efalizumab belongs to the class of biological response modifiers called T-cell blockers. Early clinical trials are proving it to be an effective treatment in patients with moderate to severe plaque [psoriasis](#). Further investigations are underway to define the optimal dose and frequency of administration.

How does it work?

Efalizumab is a genetically modified form of mouse protein that is directed at blocking T cell activation and proliferation by binding to CD11a receptors on T cells. This stops the T cells from releasing cytokines, which are the primary cause of the inflammation, redness, itching and flaky skin patches characteristic of psoriasis.

How is it given?

Initial trials of efalizumab involved intravenous (IV) administration of the drug. However, a subcutaneous (SC) formulation has been developed and is currently being used in phase III clinical trials. These trials will confirm the safety and efficacy of efalizumab and also determine an optimal dosage regimen. To date, it appears that once weekly dosing for a 12-week period improves psoriasis to some degree in about 50% of patients.

Trials are underway to determine whether patients would benefit from prolonged administration of efalizumab. Early results indicate that improvements in psoriasis made after 12 weeks of treatment can be maintained with further weekly doses or every-other week dosing.

Side Effects

Efalizumab appears to be well tolerated. The most frequently reported side effects included headache, nausea, chills, pain, fever and non-specific infection such as the common cold. These occurred most often after the first injection and became less with subsequent doses.

Preliminary results show that efalizumab is a promising biological response modifier in the treatment of psoriasis as it can be administered subcutaneously and be given safely on a long term basis.

Related information

References:

- Leonardi GL. J Am Acad Dermatol 2003;49:S98-104.

On DermNet NZ:

- [Biological response modifiers](#)
- [Psoriasis](#)

Other websites:

Books about skin diseases:

See the [DermNet NZ bookstore](#)

Author: Vanessa Ngan, staff writer

DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

Created 2003. Last updated 26 Dec 2006. © 2008 NZDS. Disclaimer.