

RISANKIZUMAB

2017

RZB-phase 2

RCT phase 2/ Risankizumab IV 200mg or 600mg or placebo at w0,4 & 8/ Mod-Severe CD/ Induction

Conclusion:

Risankizumab was more effective than placebo for inducing clinical remission in patients with active CD. Therefore, selective blockade of interleukin-23 via inhibition of p19 might be a viable therapeutic approach in CD.

2022

ADVANCE &
MOTIVATE

RCT phase 3/ Risankizumab IV 600mg or 1200mg or placebo at w0,4 & 8/ Mod-Severe CD/ Induction

Conclusion:

Risankizumab was effective and well tolerated as induction therapy in patients with moderately to severely active Crohn's disease.

2022

FORTIFY

RCT phase 3 / Risankizumab SC 180mg, 360mg or placebo q8w/ Mod-Severe CD/ Maintenance

Conclusion:

Subcutaneous risankizumab is a safe and efficacious treatment for maintenance of remission in patients with mod-severely active CD