North Central London
Joint Formulary Committee

Adult high-cost drug treatment pathway for psoriasis

Disclaimer

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While we have tried to compile accurate information in this guideline, and to keep it updated in a timely manner, we cannot guarantee that it is fully complete and correct at all times. If you identify information within this guideline that is inaccurate, please report this to the admin.ncl-mon@nhs.net. If a patient is harmed as a consequence of following this guideline, please complete a local incident report and inform admin.ncl-mon@nhs.net.

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Document control

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Document management

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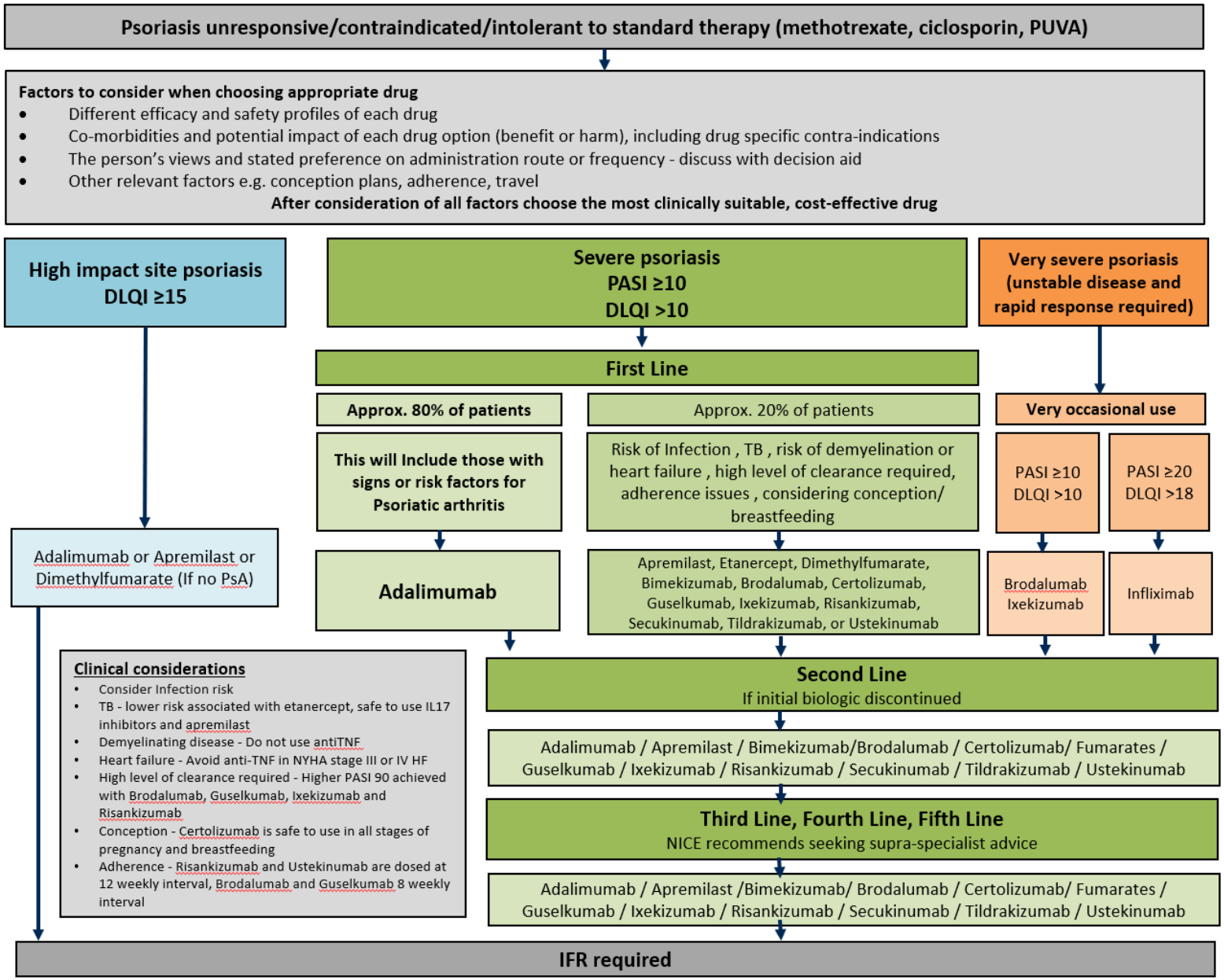
Psoriasis unresponsive/contraindicated/intolerant to standard therapy (methotrexate, ciclosporin, PUVA)
Factors to consider when choosing appropriate drug
Different efficacy and safety profiles of each drug
Co-morbidities and potential impact of each drug option (benefit or harm), including drug specific contra-indications
The person's views and stated preference on administration route or frequency - discuss with decision aid
Other relevant factors e.g. conception plans, adherence, travel
After consideration of all factors choose the most clinically suitable, cost-effective drug
High impact site psoriasis
DLQI ≥15
Severe psoriasis
PASI ≥10
DLQI >10
Very severe psoriasis (unstable disease and rapid response required)
First Line
Approx. 80% of patients
Approx. 20% of patients
Very occasional use
This will Include those with signs or risk factors for Psoriatic arthritis
Risk of Infection , TB , risk of demyelination or heart failure , high level of clearance required, adherence issues , considering conception/ breastfeeding
PASI ≥10
DLQI >10
PASI ≥20
DLQI >18
Adalimumab or Apremilast or Dimethylfumarate (If no PsA)
Adalimumab
Apremilast, Etanercept, Dimethylfumarate, Bimekizumab, Brodalumab, Certolizumab, Guselkumab, Ixekizumab, Risankizumab, Secukinumab, Tildrakizumab, or Ustekinumab
Brodalumab
Ixekizumab
Infliximab
Clinical considerations
Consider Infection risk
TB - lower risk associated with etanercept, safe to use IL17 inhibitors and apremilast
Demyelinating disease - Do not use antiTNF
Heart failure - Avoid anti-TNF in NYHA stage III or IV HF
High level of clearance required - Higher PASI 90 achieved with Brodalumab, Guselkumab, Ixekizumab and Risankizumab
Conception - Certolizumab is safe to use in all stages of pregnancy and breastfeeding
Adherence - Risankizumab and Ustekinumab are dosed at 12 weekly interval, Brodalumab and Guselkumab 8 weekly interval
Second Line
If initial biologic discontinued
Adalimumab / Apremilast / Bimekizumab/Brodalumab / Certolizumab/ Fumarates / Guselkumab / Ixekizumab / Risankizumab / Secukinumab / Tildrakizumab / Ustekinumab
Third Line, Fourth Line, Fifth Line
NICE recommends seeking supra-specialist advice
Adalimumab / Apremilast /Bimekizumab/ Brodalumab / Certolizumab/ Fumarates / Guselkumab / Ixekizumab / Risankizumab / Secukinumab / Tildrakizumab / Ustekinumab
IFR required