South West London
Psoriasis Drug Pathway

Version 7.1

Contents:

Approved by: SWL Integrated Medicines Optimisation Committee
Date: 29th Jan 2025

SWL Drug Pathway - Psoriasis: 1st, 2nd & 3rd Line Treatment Pathway

Version 7.1 (based on NICE CG153 guidelines - with local adaptation)

Assess nails/skin

Involve rheumatology if psoriatic arthritis suspect

1st Line treatment: Topical agents

- Calcipotriol monohydrate/betamethasone dipropionate combination
- Potent and very potent corticosteroids
- Vitamin D or vitamin D analogues or coal tar preparation

Offer 2nd or 3rd line treatment options (phototherapy or systemic therapy) at the same time when topical therapy alone is unlikely to adequately control psoriasis, such as:

- Extensive disease (for example, more than 10% of body surface area affected) **or**
- At least 'moderate' on the static Physician's Global Assessment **or**
- Where topical therapy is ineffective, such as nail disease

2nd Line treatment: Phototherapy (broad- or narrowband ultraviolet B light)

Offer narrowband ultraviolet B (UVB) phototherapy to people with plaque or guttate pattern psoriasis that cannot be controlled with topical treatments alone.
Response may be achieved more quickly with treatment 3 times a week.

3rd Line Treatment: Systemic non-biological therapy

If significant impact on physical, psychological or social wellbeing **and** 1 or more of the following apply:

- psoriasis is extensive (for example, more than 10% of body surface area affected or a Psoriasis Area and Severity Index (PASI) score of more than 10) **or**
- psoriasis is localised and associated with significant functional impairment and/or high levels of distress (for example, severe nail disease or involvement at high-impact sites) **or**
- phototherapy has been ineffective, cannot be used or has resulted in rapid relapse (rapid relapse is defined as greater than 50% of baseline disease severity within 3 months).

- **Methotrexate:** PO usual dose: 7.5mg-15mg/week up to max 30mg/week; SC max dose: 25mg/week
  - Stop treatment if inadequate response after 3 months at the optimum dose
- **Ciclosporin:** PO dose: 2.5mg/kg/day – 5mg/kg/day in two divided doses
  - Stop if inadequate response after 3 months at the optimum dose; max. duration of treatment usually 1 year
- **Acitretin:** PO usual dose 25mg-50mg/day, increased up to 75mg/day for short periods

Has the person's condition failed to respond to at least 2 standard systemic therapies (unless contraindicated or not tolerated)?

No

Yes

What are the person's PASI and DLQI scores? (note 2)

PASI < 10 and DLQI ≤ 10

PASI ≥ 10 and DLQI > 10

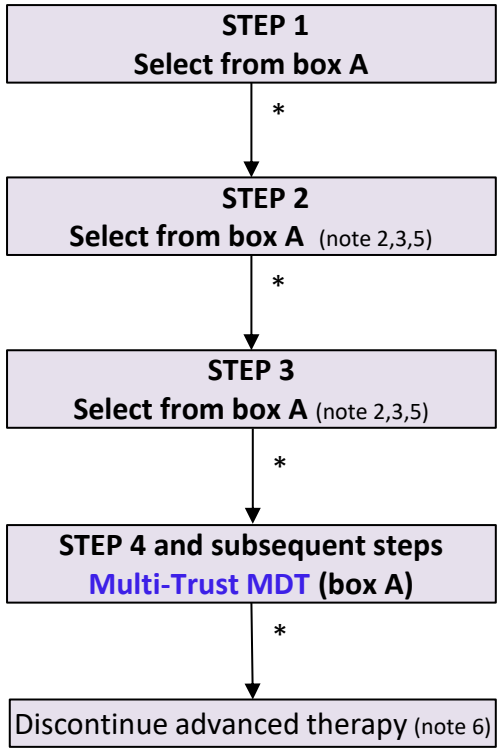
PASI ≥ 20 and DLQI > 18

Go to
Psoriasis: High Cost Drug Pathway

(NB PUVA is not a requirement for patients with very severe psoriasis considered for infliximab treatment (i.e. PASI ≥ 20 and DLQI > 18)

SWL Drug Pathway - Psoriasis: High Cost Drug Pathway

Version 7.1 (based on NICE Plaque Psoriasis Commissioning Algorithm - with local adaptation)



*** AFTER EACH STEP**

Is there adequate response to treatment, defined as:

- 75% reduction in PASI score (PASI 75) from start of treatment **or**
- 50% reduction in PASI score (PASI 50) and 5 point reduction in DLQI from start of treatment

Yes - maintain same treatment & monitor (note 2,3,4)

No - move to next step (note 2, 4)

Box A: All drugs listed are available from step 1	
Adalimumab biosimilar (anti-TNF) (note 3)	**£**
Ustekinumab biosimilar (IL-12/23) Etanercept biosimilar (anti-TNF) Infliximab biosimilar (anti-TNF) (only if PASI ≥20 and DLQI >18) Dimethyl fumarate (fumaraic acid) Deucravacitinib (TYK2) after adalimumab/ unless CI (note 1) Apremilast (PDE4) (note 1) Tildrakizumab (IL-23) (note 1)	**££**
Certolizumab (anti-TNF) (note 1) Risankizumab (IL-23) (note 1)	**£££**
Guselkumab (IL-23) (note 1) Brodalumab (IL-17) (note 1) Bimekizumab (IL-17) (note 1) Ixekizumab (IL-17) (note 1) Secukinumab (IL-17) (note 1)	**££££**

If there is more than one NICE approved treatment available, NICE recommends a discussion between the responsible clinician and the patient about the advantages and disadvantages of each treatment (considering therapeutic need and likely adherence to treatment).

If more than one treatment option is suitable, the least expensive will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the NICE TAs.

Drugs are listed in order of cost (including relevant administration costs, using list price or nationally (NICE) / locally (LPP) agreed contract prices).

Choose **ONE** option per step before moving onto the next step due to primary or secondary treatment failure. Select different drug class (see page 5) in each step (note 2,3,5)

Refer to the relevant technology appraisal for each drug for further information about their eligibility and prescription.

SWL Drug Pathway – Psoriasis: Notes

Version 7.1 (based on NICE Plaque Psoriasis Commissioning Algorithm with local adaptations)

Note 1 – Commercial agreement: Apremilast, bimekizumab, brodalumab, certolizumab, deucravacitinib, guselkumab, ixekizumab, risankizumab, secukinumab, and tildrakizumab are recommended as options only if provided according to the commercial agreement

Note 2 – Adverse event or new contra-indication: Consider alternative drug in the same step (using the same or different drug class) (step 1, 2 and 3 only) if treatment is stopped due to adverse event or new contra-indication **AND**:

- patient was responding to the drug **OR**
- response was not yet assessed i.e. within 10 (infliximab), 12 (apremilast, brodalumab, etanercept, ixekizumab, secukinumab), 16 (adalimumab, bimekizumab, certolizumab, dimethyl fumarate, guselkumab, risankizumab, ustekinumab), 24 (deucravacitinib) or 28 (tildrakizumab) weeks of initiating treatment

Note 3 – Primary / secondary treatment failure with adalimumab or infliximab: An alternative TNF-alpha inhibitor may be chosen from the same step (in step 1, 2, and 3 only), if considered clinically appropriate. This is restricted to ONE switch within the TNF-alpha inhibitor class only (does not apply to other drug classes)

Note 4 - DLQI/PASI assessment: When using DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities or communication difficulties that could affect the responses to DLQI and make any adjustments they consider appropriate. When using the PASI, healthcare professionals should take into account skin colour and how this could affect the PASI score, and make the clinical adjustments they consider appropriate. NICE define an adequate response as

- 75% reduction in PASI score (PASI 75) from start of treatment **or**
- 50% reduction in PASI score (PASI 50) and 5 point reduction in DLQI from start of treatment

Note 5 – Pregnancy: If, following careful consideration of expected benefits/risks of options, drug therapy is changed due to (planning) pregnancy, consider switch back to previous most cost-effective therapy post-partum (and move back to the previous step)

Note 6 - IFR: Requests for treatment outside this commissioned pathway can be made via the Individual Funding Request (IFR) process (see swlimo.southwestlondon.icb.nhs.uk for IFR policy and application form)

SWL Drug Pathway –Psoriasis- Drug Information for Advanced Therapies

Version 7.1 (this list is not exhaustive; see summary of product characteristics (SPC) for full information)

Drug Class	Drug Name	NICE	Administration	Contra-indications	Special warnings and precautions	
Tumour necrosis factor alpha inhibitors (anti-TNF)	Adalimumab biosimilar	TA146	SC – alternate weeks	• Hypersensitivity to active substance or excipients • Active, severe infections (e.g. TB, sepsis, abscesses) and opportunistic infections. • Risk of sepsis (etanercept) • Moderate to severe heart failure (NYHA class III/IV) (infliximab, adalimumab, certolizumab)	•Pre-treatment evaluation for TB •>65 years of age •Autoimmune processes (Lupus-like syndrome) •More susceptible to serious infections (e.g. TB, invasive fungal infections) •Viral reactivation (e.g. hepatitis B) •Worsening of hepatitis C (etanercept) •Malignancy and lymphoproliferative disorders •Congestive heart failure	•Neurological events •Hepatobiliary events (infliximab) •Haematologic reactions •Infusion/injection related reactions (infliximab) •COPD •Latex sensitivity (certolizumab) •Hypoglycaemia in patients being treated for diabetes (etanercept)
	Certolizumab pegol	TA574	SC – every 2 weeks			
	Etanercept	TA103	SC – every week			
	Infliximab biosimilar	TA134	IV – every 4 weeks SC – every 2 weeks			
Interleukin (IL) 17 inhibitor	Bimekizumab	TA723	SC – every 8 weeks	•Hypersensitivity to the active substance or excipients •Active, severe infections (e.g. TB) •Active Crohn's disease (brodalumab)	•Pre-treatment evaluation for TB •More susceptible to serious infections •Hypersensitivity reactions •Inflammatory bowel disease (IL17 only) •Latex sensitivity (for ustekinumab and secukinumab 150mg PFS and PFP only)	•Hepatic transaminase elevations (guselkumab) •Serious skin conditions (ustekinumab) •Lupus-related conditions (ustekinumab) •>65 years (ustekinumab) •Malignancies (ustekinumab) •Cardiovascular events e.g. myocardial infarcation (ustekinumab) •Suicidal ideation and behaviour (brodalumab)
	Brodalumab	TA511	SC – every 2 weeks			
	Ixekizumab	TA442	SC – every 4 weeks			
	Secukinumab 300mg	TA350	SC – every 4 weeks. SC - every 2 weeks if ≥90 kg (if monthly maintenance ineffective and rebate scheme in place).			
Interleukin (IL) 12/23 inhibitor	Ustekinumab	TA180	SC – every 12 weeks			
Interleukin (IL) 23 inhibitor	Guselkumab	TA521	SC – every 8 weeks			
	Risankizumab	TA596	SC – every 12 weeks			
	Tildrakizumab	TA575	SC – every 12 weeks			
Phosphodies-terase 4 (PDE4) inhibitor	Apremilast	TA419	PO – twice daily	•Hypersensitivity to the active substance or excipients •Pregnancy	•Diarrhoea, nausea and vomiting •Psychiatric disorders	•Severe renal impairment •Underweight patients •Lactose content
Tyrosine kinase 2 (TYK2) enzyme inhibitor	Deucravacitinib	TA907	PO – once daily	•Hypersensitivity to the active substance or excipients •Active, severe infections (e.g. TB)	• More susceptible to serious infections • Pre-treatment evaluation for TB • Malignancies, including lymphomas and non-melanoma skin cancer.	• Lactose content
Fumaric Acid Ester	Dimethyl fumarate	TA475	PO – three times a day	•Hypersensitivity to the active substance or excipients •Suspected or confirmed Progressive Multifocal Leukoencephalopathy (PML)	•Blood counts every 3 months •Laboratory tests (renal and hepatic function; prior and during treatment) •Baseline MRI prior to initiating treatment	•Herpes zoster infections •Fanconi syndrome •PML •Prostaglandin mediated flushing

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SWL Drug Pathway – Psoriasis- References

Version 7.1

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14. NICE TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis. 17 April 2019
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17. NICE TA907: Deucravacitinib for treating moderate to severe plaque psoriasis. 28 June 2023
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26. Tecfidera® (dimethyl fumarate) Summary of Product Characteristics (SPC) https://www.medicines.org.uk/emc/product/5256/smpc; Accessed 28/08/2024; last updated 11/12/23
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SWL Drug Pathway – Psoriasis- Version Control

Version 7.1

Version number	Main amendments	Date of approval
1.0		24th Oct 2012
2.0	Include approved recommendations from SWL Dermatology network meeting (03/11/2017): • Include etanercept biosimilar • Addition of apremilast and dimethyl fumarate • Include step 3 • Add note 4 (local agreement) • Addition of brodalumab, guselkumab, ixekizumab and secukinumab • Updates in presentation	25th Sept 2018
3.0	Include approved recommendations from SWL Dermatology network meeting (26/09/2018): • Include preferred drug choices in each step based on relative cost • Include note 1	14th Feb 2019
4.0 (interim)	• Add certolizumab pegol (NICE TA574) and tildrakizumab (NICE TA575) to step 1, step 2 and step 3 (2nd choice – local agreement) • Change PUVA to phototherapy as per advice from NICE	18th July 2019
5.0 (interim)	• Add risankizumab (NICE TA596) to step 1, step 2 and step 3 (2nd choice – local agreement)	4th Oct 2019
6.0	• Add 1st, 2nd and 3rd line treatment pathway • Add bimekizumab (NICE TA723) and deucravacitinib (NICE TA907) • Introduce multi-trust MDT step for 4th line treatment • Add drug information for advanced therapies	17th April 2024
7.0	• Add secukinumab higher maintenance dose of 300mg every 2 weeks for patients with body weight ≥90 kg (until rebate scheme expiry June 2025). • Update contraindications, special warnings and precautions drug information for advanced drug therapies	18th Sept 2024
7.1	• Update cost order of drugs for Psoriasis pathway (page 3, Box A) to reflect availability of ustekinumab biosimilars. • Correction of typographical error (page 5): guselkumab dosing changed from SC – “every 4 weeks” to “every 8 weeks” • References (page 7) updated.	29th Jan 2025
Date of next review: Jan 2027 (or earlier if indicated)		