

# TREATMENT PATHWAY FOR THE MANAGEMENT OF ADULTS WITH MODERATE TO SEVERE PSORIASIS IN SECONDARY CARE.



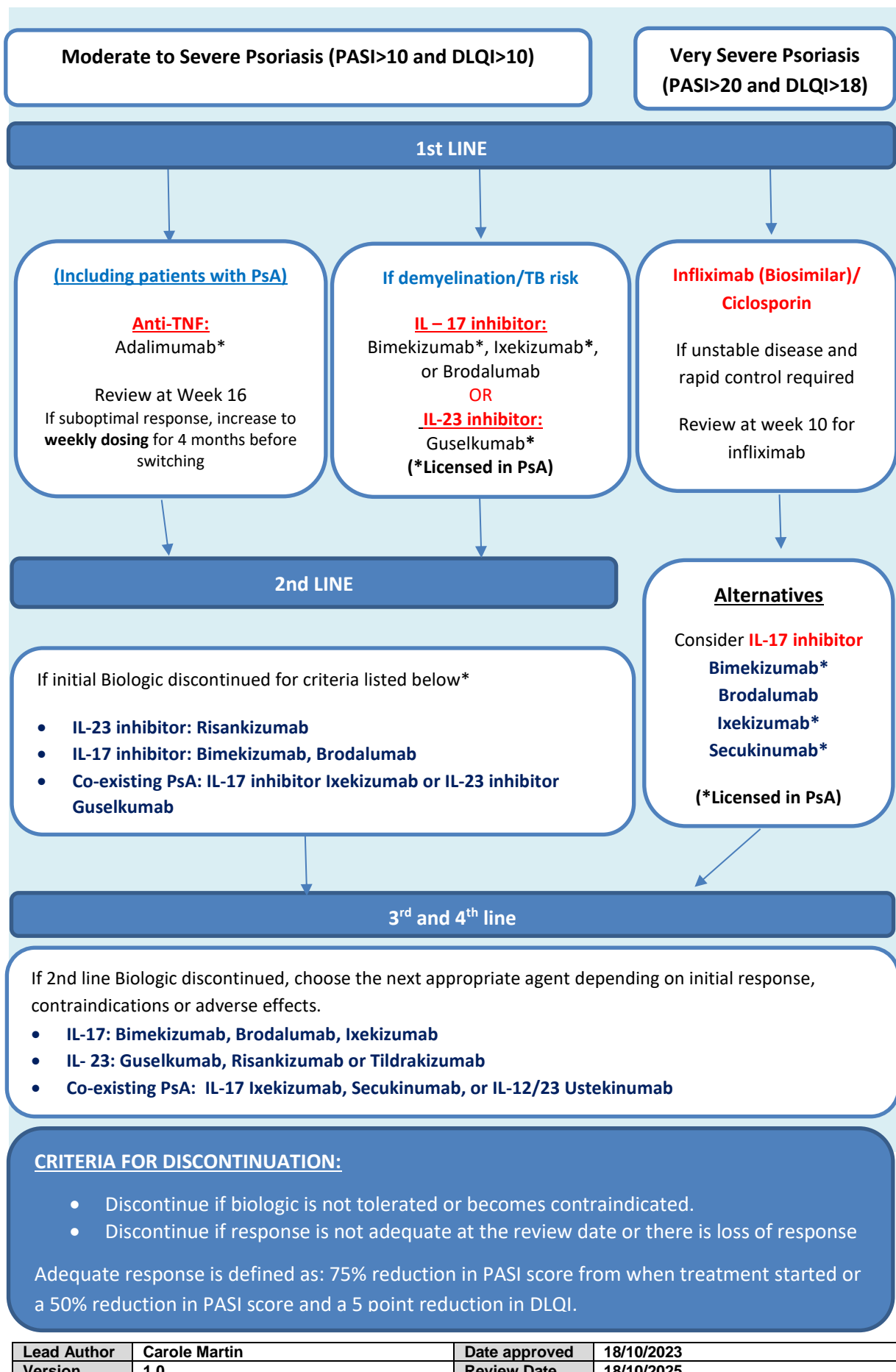
(FOR SPECIALIST INITIATION ONLY)

<b>TARGET AUDIENCE</b>	All clinical staff working within Dermatology in secondary care.
<b>PATIENT GROUP</b>	Adults with Moderate to Severe Psoriasis AND inadequate response to or contraindications to one or more standard systemic therapies including Ciclosporin, Methotrexate, Apremilast, Acitretin, Fumaric acid esters.

## Clinical Guidelines Summary

- This guideline describes the pathway for management of adult patients with moderate to severe psoriasis with an inadequate response to or contraindications to one or more standard systemic therapies including ciclosporin, methotrexate, apremilast, acitretin, fumaric acid esters.
- The pathway provides a stepwise approach to the management of psoriasis with biologic therapy
- The pathway includes drug prescribing guidance for the use of biologics in psoriasis

## Treatment Pathway for the Management of Adults with Psoriasis



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### Prescribing Notes:

#### Anti-TNFs:

- Avoid anti-TNF if demyelination disease/TB risk/moderate or severe heart failure.
- Certolizumab is the biologic of choice in pregnancy/breastfeeding/patient planning a pregnancy during treatment.
- Etanercept – not routinely recommended for psoriasis as less effective than the other biologics.

#### IL-17 Inhibitors:

- Caution with IL-17 inhibitors in the presence of inflammatory bowel disease/recurrent candida.
- IL-17 inhibitors as a class are considered to have a relatively fast onset of action compared to other agents.

#### Current list of biologics licensed for PsA:

<b>Anti-TNF</b>	Adalimumab
	Infliximab
	Certolizumab
	Etanercept
<b>IL-17 inhibitor</b>	Ixekizumab
	Secukinumab
	Bimekizumab
<b>IL-23</b>	Risankizumab
	Guselkumab
<b>IL-12/23</b>	Ustekinumab
<i>Brodalumab (IL-17) and Tildrakizumab (IL-23) are NOT currently licensed in PsA.</i>	

#### Vaccinations:

- Annual flu/Covid vaccines recommended.
- Pneumococcal vaccination 2- 4 weeks before initiation. Only repeat after 5 years if asplenic/splenic dysfunction or Chronic Kidney Disease 4 or 5 (will also require Hep B vaccination).
- Check VZV serology prior to commencing and refer for vaccination if required.

#### Pre-screening Checks

- Complete pre-screening checklist with patient.
- Screen for TB, viral hepatitis, HIV and VZV serology prior to commencing biologic.
- Baseline U&Es, LFTs, FBC should be checked and then 6 monthly.
- CXR/BBV screen/QF Gold to be repeated if switching and >1 year since last screened.

#### Transfer of Information to Primary Care:

Drug name (Biosimilar or equivalent) and dosing schedule should be documented in clinic letter for GP so ECS can be updated appropriately.

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### Drug regimens:

Drug	Target	Adult Dosing regimen (all SC administration unless stated otherwise)
Adalimumab	Anti-TNF	Loading: 80mg - Week 0 Maintenance: 40mg – Week 1 THEN 40mg every 2 weeks If suboptimal response at 16 weeks, increase to 40mg weekly
Bimekizumab	IL-17A/F	Loading: 320 mg - Week 0, 4, 8, 12, 16 Maintenance: 320mg – every 8 weeks
Guselkumab	IL-23	Loading: 100mg - Week 0, 4 Maintenance: 100mg – every 8 weeks
Brodalumab	IL-17	Loading: 210mg - Week 0, 1, 2 Maintenance: 210mg – every 2 weeks
Ixekizumab	IL-17	Loading: 160mg - Week 0 THEN 80mg – week 2, 4, 6, 8, 10, 12 Maintenance: 80mg – every 4 weeks
Infliximab	Anti-TNF	5mg/kg week 0, 2, 6 then every 8 weeks Given IV for severe/unstable disease requiring rapid control
Risankizumab	IL-23	Loading: 150mg - Week 0, 4 Maintenance: 150mg – every 12 weeks
Secukinumab	IL-17	Loading: 300mg - Week 0, 1, 2, 3, 4 Maintenance: 300mg – every 4 weeks
Ustekinumab	IL -12/23	Loading: 45mg - Week 0, 4 Maintenance: 45mg – every 12 weeks (If weight >100kg, increase dose to 90mg)
Tildrakizumab	IL-23	Loading: 100mg – Week 0, 4 Maintenance: 100mg – every 12 weeks Can use higher dose of 200mg for high impact disease or weight > 90kg
Certolizumab pegol	Anti-TNF	Loading: 400mg - Week 0, 2, 4 Maintenance: 200mg – every 2 weeks (Can be increased to 400mg if suboptimal response. Safe in pregnancy)

Note: Biologics should be prescribed by Brand.

### Abbreviations:

PASI – Psoriasis Area Severity Index, DLQI – Dermatology Life Quality Index, PsA – psoriatic arthritis.

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### Appendices

#### 1. Governance information for Guidance document

<b>Lead Author(s):</b>	Carole Martin, Lead Pharmacist for Dermatology, NHS Lanarkshire
<b>Endorsing Body:</b>	Dermatology Consultants and Specialist doctors.
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<b>Responsible Person (if different from lead author)</b>	n/a

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**Treatment Pathway for the Management of Adults with Psoriasis**

<b>Distribution</b>	
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**CHANGE RECORD**

<b>Date</b>	<b>Lead Author</b>	<b>Change</b>	<b>Version No.</b>
Oct 2023	Carole Martin	Initial version	1
			2
			3
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