

# PLAQUE PSORIASIS DRUG TREATMENT PATHWAY

Approved by Prescribing Clinical Network July 2017 East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Crawley CCG and Horsham & Mid-Sussex CCG

Patient must have failed to respond to standard systemic therapies such as ciclosporin, methotrexate, acitretin and phototherapy or the patient is intolerant to or has a contraindication to these treatments.

YES ↓

Psoriasis Area Activity Index (PASI) ≥ 10 **AND** Dermatology Life Quality Index (DLQI) > 10  
**OR**  
 Psoriasis Area Activity Index (PASI) ≥ 20 **AND** Dermatology Life Quality Index (DLQI) > 18

NO ↓

Patient does not qualify for treatment within this pathway.  
 Consider IFR if clinically exceptional

YES ↓

**1st line: Initiate as per NICE guidance. Please Box A overleaf for further information**

↓

Continuing good response but delayed adverse effects (at any time)  
 OR has adverse effects before response can be assessed  
 OR becomes contraindicated

Review (See Box A overleaf for NICE initial review periods) patient achieves an adequate response? (see foot of page for NICE response criteria)

YES →

Treat to maintain response and re-assess every 6 months

NO—PRIMARY FAILURE ↓

**2nd line: Select drug with a different mode of action to the 1st line choice unless patient has a contraindication to other treatments within the pathway See Box A overleaf**

SECONDARY FAILURE or intolerance

Continuing good response but delayed adverse effects (at any time)  
 OR has adverse effects before response can be assessed  
 OR becomes contraindicated

Review: patient achieves an adequate response?

YES →

Treat to maintain response and re-assess every 6 months

NO—PRIMARY FAILURE ↓

**3rd line: Select drug with a different mode of action to the 1st & 2nd line choices unless patient has a contraindication to other treatments within the pathway See Box A overleaf**

SECONDARY FAILURE or intolerance

Continuing good response but delayed adverse effects (at any time)  
 OR has adverse effects before response can be assessed  
 OR becomes contraindicated

Review: patient achieves an adequate response?

YES →

Treat to maintain response and re-assess every 6 months

NO—PRIMARY FAILURE ↓

**STOP TREATMENT.**  
 Consider IFR if clinically exceptional

SECONDARY FAILURE or intolerance

**Adequate response**

- A 75% reduction in the PASI score from when treatment started (PASI 75)  
 OR
- A 50% reduction in the PASI score (PASI 50) and a five point reduction in the DLQI from when treatment started

Box A Choices are from 7 drugs with 4 different mechanisms of action. Specialists should choose a drug with a different mode of action with each line of treatment.

Drug	Mode of action	Expected clinical review at:	1st line choices	2nd line choices (choose different mode of action from 1st line)	3rd line choices (choose different mode of action from 1st line AND 2nd line)
Adalimumab*	TNF alpha inhibitor	16 weeks then every 6 months	✓	✓	✓
Apremilast	Phosphodiesterase (PDE4) inhibitor.	16 weeks then every 6 months	✓	✓	✓
Etanercept*	TNF alpha inhibitor	12 weeks then every 6 months	✓	✓	✓
Infliximab*	TNF alpha inhibitor	10 weeks then every 6 months	✓	✓	✓
			Only if PASI ≥ 20 & DLQI >18	Only if PASI ≥ 20 & DLQI >18 at initiation of 1st line treatment	Only if PASI ≥ 20 & DLQI >18 at initiation of 1st line treatment
Secukinumab	Interleukin 17A inhibitor	12 weeks then every 6 months	✓	✓	✓
Ixekizumab	Interleukin 17A inhibitor	12 weeks then every 6 months	✓	✓	✓
Ustekinumab	Interleukin 12/23 inhibitor	16 weeks then every 6 months	✓	✓	✓

\*Use the most cost-effective TNF- alpha inhibitor (consult your pharmacy department) where appropriate.

As of June 2017, the etanercept biosimilar product Benepali® is the most cost-effective TNF-alpha inhibitor.

#### References:

1. NICE Technical Guidance TA103: Etanercept & efalizumab for the treatment of adults with psoriasis (July 2006)
2. NICE Technical Guidance TA134: Infliximab for the treatment of adults with psoriasis (January 2008)
3. NICE Technical Guidance TA146: Adalimumab for the treatment of adults with psoriasis (June 2008)
4. NICE Technician Guidance TA180: Ustekinumab for the treatment of adults with moderate to severe psoriasis (September 2009)
5. NICE Technical Guidance TA350: Secukinumab for treating moderate to severe plaque psoriasis (July 2015)
6. NICE Technical Guidance TA419: Apremilast for treating moderate to severe plaque psoriasis (November 2016)
7. NICE Technical Guidance TA442: Ixekizumab for treating moderate to severe plaque psoriasis (April 2017)

**Reviewed:** Surrey Downs CCG Pharmaceutical Commissioning Team

**Input from:** Virtual Dermatology Network June 2017

**Agreed date:** Prescribing Clinical Network: .....

**Review date:** .....