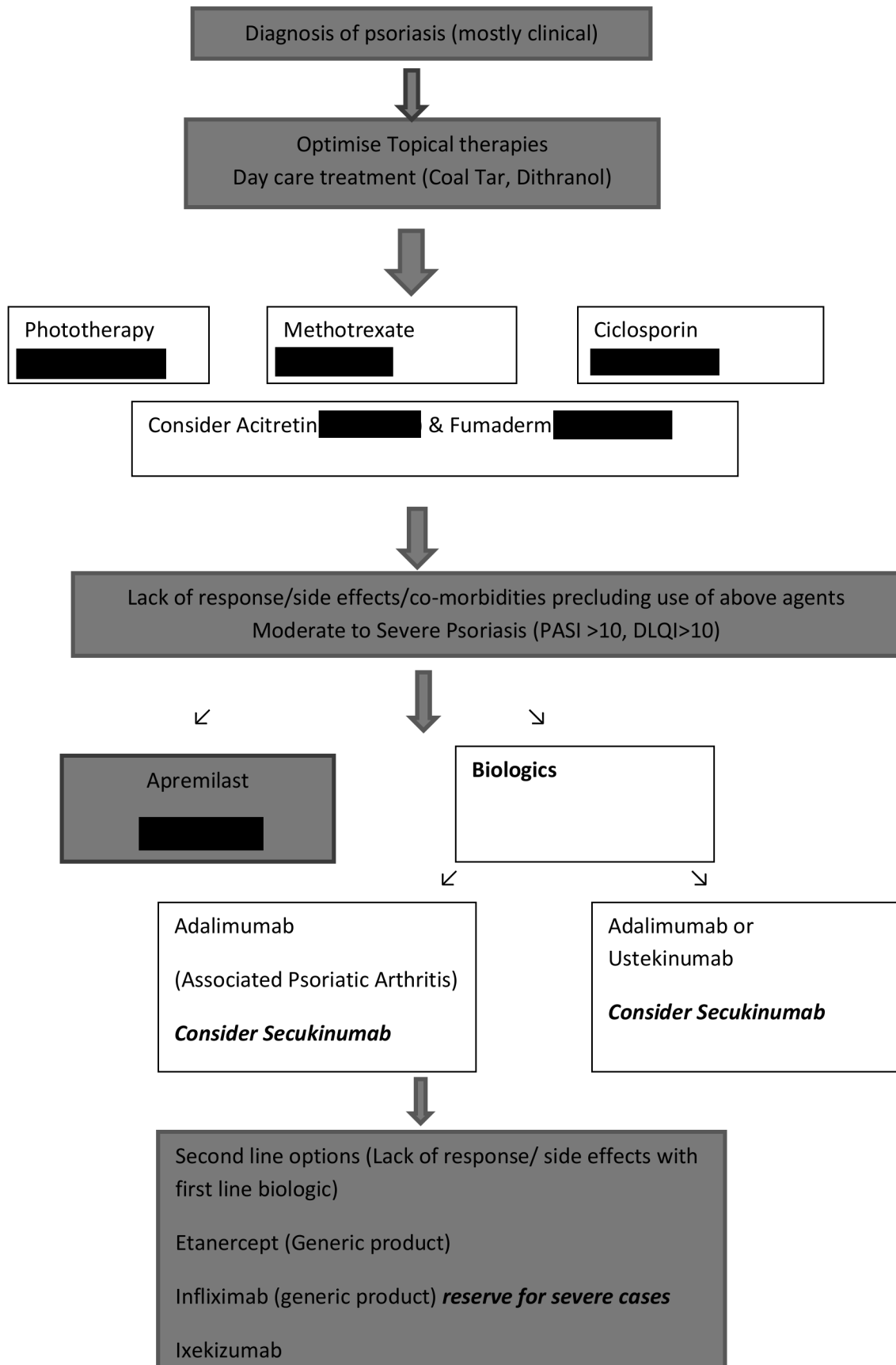


## Psoriasis: Therapeutic pathway

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Psoriasis is a common inflammatory disorder affecting 2-3% of population. Current treatment options include topical therapies (both as out-patient and day care), phototherapy, systemic agents like Methotrexate, Acitretin, Ciclosporin, Apremilast and Biologic agents like Etanercept, Adalimumab, Infliximab and Ustekinumab, Secukinumab and Ixekizumab. Fumaderm is used off licence (this drug is licensed in Germany and few other European nations) and a licensed product is likely to be available in United kingdom soon. This pathway will outline steps in management of patients with Psoriasis in secondary care.





Patients will be assessed at 12-16 weeks after starting biologic and decision to continue is made based on safety and efficacy. Patients are assessed every 6 months afterwards to help decide on continuation based on NICE and BAD guidelines. Decisions on switching to other biologics are made if existing biologic is not effective or associated with side effects. Patients will have access to the service between appointments so that speedy decisions are made on stopping/switching biologic. This will make patient experience smooth and cost effective (biologic that is not effective will be stopped sooner)



Consider dose escalation when an inadequate primary response may be due to insufficient drug dosing (for example, in people who are obese or whose psoriasis relapses during the treatment cycle).

<b>Biologic agent</b>	<b>Suggested dose-escalation strategy</b>
Ustekinumab 45 mg every 12 weeks (<100 kg)	Ustekinumab 90 mg every 12 weeks (<100 kg) <sup>ix</sup>
Ustekinumab 90 mg every 12 weeks (>100 kg)	Ustekinumab 90 mg every 8 weeks (>100 kg) <sup>ix</sup>
Adalimumab 40 mg every other week	Adalimumab 40 mg weekly
Etanercept 50 mg once weekly	Etanercept 50 mg twice weekly
Infliximab 5 mg/kg every 8 weeks	Infliximab 5 mg/kg every 6 weeks <sup>ix</sup>

