

The guidelines for the treatment of severe psoriasis

Relevant NICE documents:

- Adalimumab TA146
- Etanercept TA103
- Infliximab TA 134
- Apremilast TA 419
- Ustekinumab TA 180
- Secukinumab TA 350
- Management of psoriasis CG 151

Severe Psoriasis: **PASI ≥ 10 and DLQI > 10 and failed previous systemic therapies**

Very Severe Psoriasis: **PASI ≥ 20 and DLQI > 18 and failed previous systemic therapies**

Use one of the following treatment options: **(Box 3)**

- Adalimumab (TA146) or
- Etanercept (TA103) or
- Ustekinumab (TA180)
- Secukinumab (TA 350)

Apremilast (TA419) **(Box 2)**
(See box 1 for dose titration)
Is there an adequate response to apremilast at 16 weeks?
(≥PASI 75, or ≥PASI 50 with ≥5 point improvement DLQI)

No

No

Use one of the following treatment options: (Box 3)

- Adalimumab (TA146) or
- Etanercept (TA103) or
- Ustekinumab (TA180) or
- Infliximab (TA 134)
- Secukinumab (TA 350)

Yes maintain same treatment and monitor patient

- If no adequate response* at specified time (as per NICE) - the patient is a **primary non-responder** or **secondary non-responder** (initially responds, but subsequently loses response), proceed as per local guidance below

Reassess PASI and DLQI if the patient fails to respond to the first biologic.
Proceed to second biologic if:

- **PASI >15 and DLQI >15 and**
- **the patient has had a 6 week trial of topical treatment and**
- **there is a risk of admission within the 6 weeks and**
- **Prior approval form is sent to medicines management clinical effectiveness team**

Previous drug treatment with:

- Adalimumab non-responder
- Infliximab non-responder
- Etanercept non-responder

Second drug option:
Ustekinumab

Previous drug treatment with:

- Etanercept non-responder
- Ustekinumab non-responder

Second drug option:
Adalimumab

In exceptional circumstances some patients may not show adequate response to a second biologic, **and** the psoriasis may have worsened (PASI >25 and DLQI >20, measured 4 weeks apart) **and** there may be a risk of readmission; under these circumstances it may be appropriate to request the use of a third biologic through an IFR.

Box 1 - Dose titration for apremilast

- Day 1 - 10mg am
 - Day 2 - 10mg am & pm
 - Day 3 - 10mg am, 20mg pm
 - Day 4 - 20mg am & pm
 - Day 5 - 20mg am & 30mg pm
 - Day 6 and thereafter - 30mg am & pm
- NB: reduce dose 30mg od in severe renal impairment (CrCl <30ml/min, estimated using Cockcroft-Gault equation)

Box 2

[MHRA](#), Jan 2017, have issued a warning regarding risk of suicidal thoughts and behavior associated with apremilast use.

Box 3 *Adequate response times

Apremilast 16 weeks
Etanercept 12 weeks
Ustekinumab 16 weeks
Secukinumab 12 weeks
Infliximab 10 weeks
Adalimumab 16 weeks