

Rath and North East Somerset, Swindon and Wiltshire

Patients must be treated by a consultant dermatologist and the psoriasis must have failed to respond to standard systemic therapies including: ciclosporin, methotrexate and PUVA or the patient is intolerant as per NICE CG 153 (updated Sept 17). Identify comorbidities (CV risk assessment). Offer / sign post to advice healthy lifestyle information, lipid modification, smoking cessation, weight management, increase in physical activity or treatment of depression in addition to offering medication. See overleaf for local resources.

The treatment options below are all approved to be used under certain criteria as set out by NICE. For some patients the choice of biologic will be driven by co-morbidities such as heart failure, demyelination, pregnancy & infection risk. If patients and their clinicians consider that there is a range of suitable options, the least expensive option should be chosen.

| Severe Disease: PASI ≥ 10 and DLQI ≥ 10 | | | | | | | | SECOND LINE INJECTABLE TREATMENT: For patients |
|---|-------------------------------------|--------------------|-----------------------|----------------------------------|--------------------------|---------------------|---|--|
| PREFERRED 1 ST LINE INJECTABLE OPTION: | | | | | | | | who do not respond to a 1 st line injectable treatment (1° or 2° failure) an alternative 2 nd line treatment may |
| ADALIMUMAB BIOSIMILAR TNF inhibitor Prefilled syringe 40mg HOME CARE PAS discount NICE TA 146 | | | | | | | | be considered (use the least expensive biologic that |
| Dose: 80mg loading then 40mg every other week 16 wk review | | | | | | | | suits the patient) where patient meets the NICE eligibility criteria. |
| 1st line unless contraindicated e.g. Hypersensitivity, heart failure, TB/active infection, demyelinating disorder | | | | | | | | THIRD LINE INJECTABLE TREATMENT ONWARDS: |
| PREFERRED 2 ND /3 RD LINE INJECTABLE OPTIONS: | | | | | | | | For adults in whom there is an inadequate response to a 2 nd biological drug, seek supra-specialist advice |
| ETANERCEPT TILDRAKIZUMAB RISANKIZUMAB BIMEKIZUMAB GUSELKUMAB BRODALUMAB CERTOLIZUM. | | | | | | | CERTOLIZUMAB | from a clinician with expertise in biological therapy |
| BIOSIMILAR | IL23 | IL23 | IL17AF inhibitor | | IL23 | IL17RA | TNF inhibitor | (CG153). |
| TNF inhibitor | Prefilled syringe | _ | | | | | | Use of ORAL biological agents after injectable |
| | 100mg | Prefilled syringe | led syringe Prefilled | | Prefilled syringe | Prefilled syring | e Prefilled syringe | biologics: NICE TA475 for dimethyl fumarate states |
| Prefilled syringe | Dose: 100mg OR | 150mg | • | | 100mg | 210mg | 200mg | that this drug is cost-effective when used in patients |
| 50mg | • | | Dose: 150mg Dose: | | Dose: 100mg | Dose: 210mg | _ | where biologics and apremilast are not effective or not tolerated (i.e. where best supportive care is the |
| Dose: 50mg | disease/>90kg) | weeks 0, 4 and | , | | weeks 0, 4 and | weeks 0, 1 and | · · · · · · · · · · · · · · · · · · · | only option). NICE TA419 for apremilast states that |
| weekly | wks 0, 4 then | then every 12 | | | then every 8 | 2, then every | every 2 weeks. | this drug is a cost-effective for people for whom best supportive care is the only option, that is, if biological |
| HOME CARE | every 12 wks HOME CARE | weeks HOME CARE | every 8 | | | weeks. HOME CARE | | |
| PAS discount NICE TA 103 | PAS discount | PAS discount | _ | E CARE scount | HOME CARE PAS discount | PAS discount | | therapies are not tolerated or have failed. Assessing response: If a 75 % reduction in the PASI |
| NICE TA 575 | | | | | NICE TA 521 | NICE TA 511 | NICE TA 574 | score from when treatment started (PASI 75) OR a |
| 10 1 | | | NICE <u>TA 723</u> | | | | | 50% reduction in the PASI score (PASI 50) AND a 5- |
| 12 wk review 28 wk review 16 | | 16 wk review | wk review 16 wk rev | | 16 wk review | 12 wk review | | point reduction in DLQI from when treatment started |
| OTHER OPTIONS (use after above options | | | | ORAL OPTIONS: Can be used PRE or | | | Very severe disease: | |
| tried/failed/contra-indicated): | | | | POST injectable biologics. | | | PASI ≥ 20 & DLQI ≥ 18 | <u>Dose escalation:</u> Dose escalation or increase in frequency of administration outside of NICE will |
| IXEKIZUMAB | | STEKINUMAB | | (Less effective and cheaper than | | INFLIXIMAB | need approval by the commissioner via IFR. The only | |
| IL17A | SECUKINUM IL17A | | | injectable) biologics | | | BIOSIMILAR | exceptions are: |
| | | | | | <u>l Fumarate</u> | APREMILAST | TNF inhibitor | Adalimumab 40mg weekly- This is outside of NICE, |
| Prefilled syringe | Prefilled syringe Prefilled syringe | | Prefilled syringe | | arence®) c Acid Ester | PDE-4 inhibitor | | but within license. Does not require an IFR as it doe not generate an additional cost to the commissione |
| 80mg | 150mg | | 45mg/90mg | | ablets | Tablets | IV Infusion | Please note the additional cost to the commissioner. |
| Dose 160mg wk (| | ~ | Dose: 45mg OR | | | ose: 10mg daily | Dose: 5mg/kg IV | the prescribing Trust, seek agreement from your |
| then 80mg every | | | _ | | 30mg BD in | ncrease to 30mg | infusion initially and | individual Pharmacy teams before prescribing. |
| wks to wk 12. The | , , , | | at 0 & 4 weeks then | | 30mg TDS | wice daily over 5 | at 2 and 6 weeks then | Ustekinumab from 45mg to 90mg 12 weekly- This is not within the license for pts under 100kg, but as the |
| 80mg monthly | 4, then mont | | | | 120mg OD Increase by | days | every 8 weeks. PAS discount NICE <u>TA 134</u> | 45mg and 90mg vial are the same price, this would be |
| HOMECARE | HOME CAR PAS discour | | | | er week, max | HOME CARE | | the recommended dose strategy for unresponsive pts |
| PAS discount NICE TA 442 | NICE TA 35 | | NICE TA 180 | | mg/day. | PAS discount | | (as per British Assoc. Dermatologists). This does not |
| WICE 1A 442 | HICL IA 33 | VICE IA | MICE IA 100 | | <u>TA 475</u> | NICE TA 419 | | require an IFR. *Bimekizumab dose escalation (320 mg every 4 wks) |
| | 12 wk review 12 wk review | | 4Cmbr 1 | | Deview often 16 weeks | | | at 16wks in patients >120kg to achieve PASI100 is |
| 12 wk review | w 16 wk re | 16 wk review | | Review after 16 weeks | | 10 wk review | NOT commissioned. | |

MODERATE TO SEVERE PLAQUE PSORIASIS BIOLOGIC TREATMENT PATHWAY IN ADULTS



Weight loss services/referrals:

Wiltshire 'Healthy weight in adults' – resources and information: https://www.wiltshire.gov.uk/article/1514/Healthy-weight-in-adults BaNES 'Healthy Weight Strategy' – resources and information:

https://www.bathnes.gov.uk/services/public-health/public-health-strategies-and-policies/healthy-weight

Swindon 'Live Well' – resources and information: https://www.swindon.gov.uk/info/20139/live well swindon hub/923/leading an active lifestyle/2

Stop smoking services:

Wiltshire – smokefree Wiltshire: https://www.wiltshire.gov.uk/article/1411/Smokefree-Wiltshire
BaNES stop smoking support: https://bathneshealthandcare.nhs.uk/wellness/stop-smoking-support/

Swindon stop smoking service: https://www.swindon.gov.uk/info/20139/live well swindon hub/921/stop smoking service

Psychological support self-referral courses:

Wiltshire: https://iapt-wilts.awp.nhs.uk/

BaNES: https://iapt-banes.awp.nhs.uk/resources/useful-links/

Swindon: https://lift-swindon.awp.nhs.uk/

Links for CCG Prior approval forms & Individual Funding Requests:

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group: https://www.bswccg.nhs.uk/your-health/what-we-do-and-don-t-fund

NICE resources: https://www.nice.org.uk/guidance/conditions-and-diseases/skin-conditions/psoriasis

Please note that this will be regularly updated as & when new NICE TAs are published for other drugs indicated for psoriasis.