

## POLICY FOR THE USE OF BIOSIMILAR ADALIMUMAB IN ADULTS WITH SEVERE LOCALISED PSORIASIS ON HIGH IMPACT AREAS (OUTSIDE OF NICE CRITERIA).

### CRITERIA BASED ACCESS

This policy is for special populations of patients **with psoriasis** at high impact sites (e.g. face, scalp, palms, soles, flexures and genitals) not meeting NICE criteria.

**The policy covers the use of biosimilar adalimumab only. If a patient has cautions or contra-indications to the use of adalimumab and needs an alternative biologic agent, then the usual EFR route will need to be undertaken.**

Biosimilar adalimumab therapy may be considered in people with psoriasis where the PASI <10 if **all** the following criteria are fully met:

- **The psoriasis is severe at localised, high impact and difficult to treat sites such as the face, scalp, nails, palms, soles, flexures and genitals**
- **It cannot be controlled with topical therapy or optimised standard systemic therapy**
- **It has significant impact on physical, psychological or social wellbeing**
- **Associated with significant functional impairment and/or high levels of distress**

#### NOTES:

1. Measures of severe scalp disease must be confirmed by documenting  $\geq 30\%$  of scalp surface area affected and a Physicians Global Assessment (PGA) of severe. A Psoriasis Scalp Severity Index (PSSI) score of  $\geq 20$  (0-72 scale) may also be used although it is recognised that this is not currently widely used in clinical practice.

2. Measure of severe palm/sole disease or other high impact sites may utilise an adjusted PASI score to assist with assessing response from baseline. A Nail Psoriasis Severity Index (NAPSI) score may be used for severe nail disease or a Palmoplantar Psoriasis Area & Severity Index (ppPASI)  $> 20$  for palmoplantar pustulosis.

3. Optimised standard systemic therapy includes ciclosporin and subcutaneous methotrexate to recommended doses as tolerated for at least 3 months. Consider acitretin in the context of palmoplantar disease. Long term ciclosporin cannot usually be used to control disease beyond one year.

4. Significant impact as measured by a Dermatology Life Quality Index (DLQI)  $> 10$  and or/depression attributable to psoriasis

#### Assessment of response

Successful response assessed by a 50% improvement in an appropriate disease score outlined by clinician and/or 5-point reduction in DLQI score at 16 weeks. Description of functional improvement, improvement in social wellbeing and reduction in measures of distress such as anxiety and depression will also be considered.

BSW-CP063	The use of Biosimilar Adalimumab in Adults with severe localized Psoriasis on high impact areas in adult.	Review - January 2028	V.1
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The MODERATE TO SEVERE PLAQUE PSORIASIS BIOLOGIC TREATMENT PATHWAY IN ADULTS, available on the BSW formulary, will assist with drug choice and adalimumab (best value biologic) is considered first line.

**Useful resources:**

**NICE Psoriasis: assessment and management clinical guideline (updated Sept 17):**  
**<http://www.nice.org.uk/guidance/cg153>**

NICE TA199 Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (Aug 2010)

NICE TA220 Golimumab for the treatment of psoriatic arthritis (April 2011)

NICE TA146 Adalimumab for the treatment of adults with psoriasis (June 2008)

NICE TA103 Etanercept and efalizumab for the treatment of adults with psoriasis (July 2006)

NICE TA134 Infliximab for the treatment of adults with psoriasis (Jan 2008)

NICE TA180 Ustekinumab for the treatment of adults with moderate to severe psoriasis

NICE TA350 Secukinumab for the treatment of moderate to severe plaque psoriasis (July 2015)

NICE TA419 Apremilast for treating moderate to severe plaque psoriasis (Nov 2016)

NICE TA442 Ixekizumab for treating moderate to severe plaque psoriasis (April 2017)

NICE TA511 Brodalumab for treating moderate to severe plaque psoriasis (March 2018)

NICE TA475 Dimethylfumarate for treating moderate to severe plaque psoriasis (Sept 2017)

NICE TA521 Guselkumab for treating moderate to severe plaque psoriasis (June 2018)

NICE TA575 Tildrakizumab for treating moderate to severe plaque psoriasis (April 2019)

NICE TA574 Certolizumab pegol for treating moderate to severe plaque psoriasis (April 2019)

NICE TA596 Risankizumab for treating moderate to severe plaque psoriasis (August 2019)

NICE TA723 Bimekizumab for treating moderate to severe plaque psoriasis (September 2021)

NICE TA907 Deucravacitinib for treating moderate to severe plaque psoriasis Dermatology Quality of Life Index

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