# Adult Psoriasis Biologic Pathway

Gloucestershire Hospitals NHS Foundation Trust

SEVERE DISEASE Defined by:
- PASI ≥ 10
- DLQI > 10

OR

SEVERE DISEASE Affecting high risk sites
-Scalp
-Nails
-Palms
-Face
-Soles of feet
-Genitals

AND

The psoriasis has not responded to standard systemic therapies (methotrexate, ciclosporin, acitretin or phototherapy)

Or the person is intolerant to or has contraindications to such therapies

OR

Failed treatment with/patient inappropriate for local commissioning agreement for Skilarence (dimethyl fumarate) for patients with moderate psoriasis

## No joint disease

Anti-TNF **Yuflyma® SC** (Adalimumab **£**)
OR PED4 inhibitor: **Generic apremilast PO £**
OR Anti IL-17 **Bimzelx® SC** (Bimekizumab **££**)
OR Anti-IL-23 **Ilumetri® SC** (Tildrakizumab **££**)
OR Anti-IL-12/23 **Pyzchiva® SC** (Ustekinumab **£**)

OR Anti-TNF **Cimzia® SC** (Certolizumab pegol **£££**)
(*Initiation only in patients who are pregnant/lactating or those planning a pregnancy*)

See note 1 for alternative biologics options if required

## Psoriasis with joint involvement

Anti-TNF **Yuflyma® SC** (Adalimumab **£**)
OR PDE4 inhibitor **Generic apremilast PO £**
OR Anti IL-17 **Bimzelx® SC** (Bimekizumab **££**)
OR Anti IL-23 **Tremfya®SC** (Guselkumab **££**)
OR Anti IL-12/23 **Pyzchiva®SC** (Ustekinumab **£**)
*(note evidence suggests that ustekinumab and IL-23 p19 agents are less effective in established psoriatic arthritis when compared to other agents)*

OR Anti-TNF **Cimzia® SC** (Certolizumab pegol **£££**)
(*Initiation only in patients who are pregnant/lactating or those planning a pregnancy*)

See note 1 for alternative biologic options if required

## Very severe psoriasis -PASI ≥20 -DLQI >18

Anti-TNF **Remsima® IV** (Infliximab **££**)

May also consider **Remsima® SC £**

## Generalised pustular psoriasis (GPP)

Anti IL-36 **Spevigo® IV** (Spesolimab **£££-££££**) if available

**Consultant review after 1 week to determine whether a second IV dose is required. Note SC dosing is currently unavailable in the UK**

Yes

**Consultant review 12-16 weeks**

Inadequate response

Possible to optimise existing drug? [2]

Yes

No

Adequate response

Reduction in PASI of 75% or reduction in PASI of 50% AND 5 point reduction in DLQI

Continue with regular blood monitoring and clinical review. Consider de-escalation of dose if escalated

Switch to alternative first line agent including if very severe psoriasis failed on infliximab
-**Consider adherence and any modifiable risk factors**

**Note 2: Dose escalation**
**Yuflyma® :** Can increase to 40mg weekly **(£)**
**Remsima® IV:** Consider drug level and anti-drug antibody testing to guide dose and frequency **(££)**
**Cosentyx®** : If ≥ 90kg, can increase to 300mg every 2 weeks **(££)**
**Pyzchiva® :** Can increase to 90mg every 8 weeks **(£)**
**Tremfya®** : Note option to increase to 100mg 4 weeks in people with PsA who are considered to be at high risk of joint damage (this would need to be prescribed by rheumatology **££**)
**Illumetri®** : If ≥ 90kg or high disease burden can increase to 200mg dosing **(££)**
**Cimzia®** : Can increase to 400mg every 2 weeks only in those patients who are planning a pregnancy, currently pregnant or lactating **(£££)**.

| **Note 1**<br>**Therapeutic class** | **Drugs** | **Licensed for psoriatic arthritis** | **Patient and clinical considerations**<br>**Refer to dermatology local guidance for further details** |
|---|---|---|---|
| **Anti-TNF** | **Yuflyma® SC** (Adalimumab **£**)<br>**Remsima® IV/SC** (Infliximab **££** or **£**)<br>**Cimzia® SC** (Certolizumab pegol **£££**)<br>**Benepali® SC** (Etanercept **£**) | Yes (all) | **Contraindications**: Demyelinating disease, heart failure (etanercept cautioned for both)<br><br>Yuflyma®/Remsima® first line biologics in Crohn's disease<br><br>Cimzia® is the drug of choice in pregnant or lactating patients or those who are planning a pregnancy<br><br>Cimzia® is contraindicated in latex allergy |
| **Anti IL-17** | **Bimzelx® SC** (Bimekizumab **££**)<br>**Taltz® SC** (Ixekizumab **£££**)<br>**Cosentyx® SC** (Secukinumab **££**)<br>**Kyntheum® SC** (Brodalumab **£££**) | Yes<br>Yes<br>Yes<br><br>No | Avoid in Inflammatory Bowel Disease<br><br>IL-17 as a class is considered to be relatively fast onset of action compared to other options<br><br>Cosentyx® is contraindicated in latex allergy<br><br>Kyntheum® is cautioned in patients with depression |
| **Anti IL-23** | **Ilumetri® SC** (Tildrakizumab **££**)<br>**Tremfya® SC** (Guselkumab **££**)<br>**Skyrizi® SC** (Risankizumab **£££**) | No<br>Yes<br>Yes | Continuous homecare nursing service available if adherence concerns or if patients are unable to self-inject |
| **Anti IL-12/23** | **Pyzchiva® SC** (Ustekinumab **£**) | Yes | Continuous homecare nursing service available but may need further discussion regarding funding for this<br><br>Also used in the management of Inflammatory Bowel Disease |
| **PDE4 inhibitor** | **Generic apremilast® PO (£)** | Yes | Oral therapy and requires less monitoring than other options<br>Cautioned in patients with depression |
| **TYK2 inhibitor** | **Sotyktu® PO** (Deucravacitinib **££**) | No | Oral therapy which requires no monitoring<br>Not as effective as other biological options but more effective than apremilast.<br>Cautioned in patients with VTE, malignancy or major adverse cardiovascular events (MACE) |

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