Systemic biological therapy for psoriasis and psoriatic arthritis

If a person has both psoriasis and psoriatic arthritis, take into account both conditions before initiating or making changes to biological therapy and manage their treatment in consultation with a rheumatologist

If psoriasis has not responded to standard systemic therapies including ciclosporin, methotrexate and PUVA or the person has a contraindication to, or is intolerant of, see flow chart below for treatment options

PSORIASIS

If the patient has **moderate to severe disease** - PASI score ≥10, DLQI score >10 AND psoriasis has failed to respond to standard systemic therapies including ciclosporin, methotrexate and PUVA, OR the person has a contraindication to, or is intolerant of, these treatments.

Choose one of:
Apremilast or **Dimethyl Fumarate**

Adequate response after 16 weeks?

YES → **Maintain treatment and re-assess every 3-6 months**

NO ↓

Secondary non-response or intolerance

Choose from the biosimilar agents:
Etanercept (benepali)

Adequate response after 12 weeks?

YES → **Maintain treatment and re-assess every 3-6 months**

NO ↓

Secondary non-response or intolerance

Choose alternative from:
Ixekizumab or **Secukinumab** or **Adalimumab** or **Ustekinumab or Brodalumumab**

Adequate response after 16 weeks? (12 weeks for Secukinumab)

An adequate response is defined as: a 75% decrease in PASI score from when treatment started (PASI 75), **OR** a 50% decrease in PASI score (PASI 50) and a 5 point decrease in DLQI from when treatment started.

Very severe disease i.e. PASI score ≥20, DLQI score >18 **AND** psoriasis has failed to respond to standard systemic therapies including ciclosporin, methotrexate and PUVA, **OR** patient has a contraindication to, or is intolerant of, these treatments.

Choose from biosimilar agents:
Infliximab (Remsima)

Adequate response after 10 weeks?

NO ↓

If no improvement, stop bDMARD
(requests for further bDMARD are subject to IFR process).

PSORIATIC ARTHRITIS

The person has peripheral arthritis with ≥3 tender joints and ≥3 swollen joints, **AND** The psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs (DMARDs), administered either individually or in combination.

Choose from the biosimilar agents:
Etanercept (benepali) or **Infliximab (Remsima)**

Adequate response after 10 (infliximab) or 12 (etanercept) weeks?

YES → **Maintain treatment and re-assess every 3-6 months**

NO ↓

Secondary non-response or intolerance

Choose one of:
Adalimumab or **Ustekinumab** or **Apremilast** or **Golimumab**

Adequate response after 12 weeks?
(Ustekinumab 24 weeks, Apremilast 16 weeks)

YES → **Maintain treatment and re-assess every 3-6 months**

NO ↓

Secondary non-response or intolerance

Choose alternative from:
Adalimumab or **Ustekinumab** or **Apremilast** or **Golimumab**

Adequate response after 12 weeks?
(Ustekinumab 24 weeks, Apremilast 16 weeks)

Choice of Biologic then dependent upon:-

- Cost effectiveness (Etanercept biosimilar first line when clinically appropriate)
- Proven efficacy and safety profile in long term use
- Patient co-morbidities
- Ease vs complexity of monitoring
- Dosing schedule as per patient needs, patient device preference
- Ustekinumab dose escalation for patients <100 Kg based on patient's response to treatment, local, regional and national experience and close monitoring of effectiveness and side effects profile

An adequate response is defined as an improvement in at least two of the four PsARC criteria, (one of which has to be joint tenderness or swelling score) with no worsening in any of the four criteria.

People whose disease has a PASI 75 response at 12 weeks but whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response (see table 1).

Prepared by Emily Hardaker. Approved by Dermatology May 2018. Review May 2021