

BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA PRESCRIBING COMMITTEE (APC)

Treatment of Severe Plaque Psoriasis AFTER the use of standard systemic treatments has failed (in line with NICE TAs and local guidance)

Updated September 2023

(Previous versions approved by the Bedfordshire and Luton Joint Prescribing Committee, and September 2021 by the BLMK Area Prescribing Committee)

Prescribing notes:

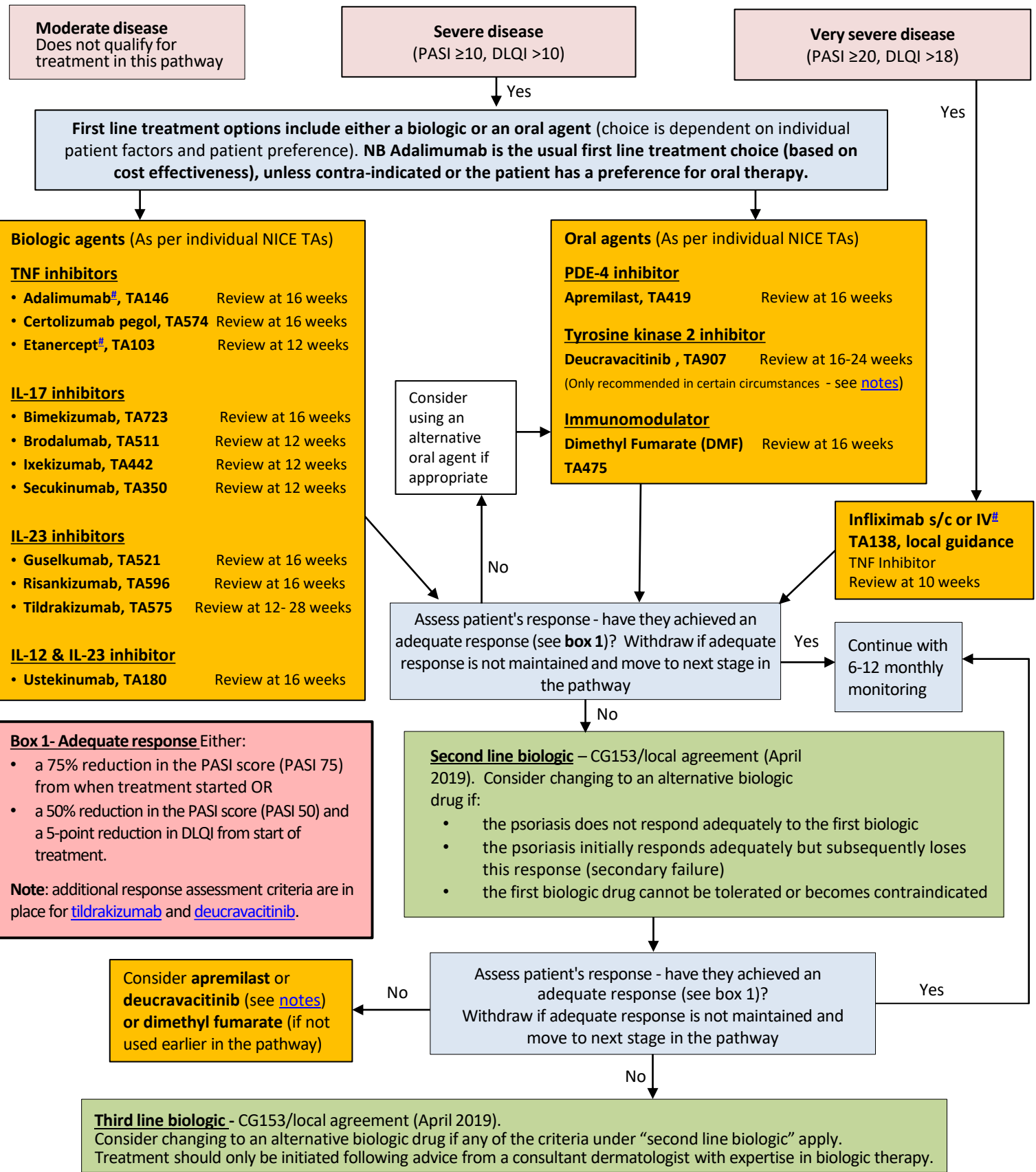
- Prescribe by **brand name** (due to availability of biosimilars[#]).
- If patients and their clinicians consider there to be a range of suitable treatments, the least expensive should be chosen (taking into account availability of biosimilar products[#], administration costs, dosage, price per dose and commercial arrangements). Note – biosimilars[#] are cost-effective treatment choices.
- Adalimumab is the usual first line, cost-effective, choice unless contra-indicated or the patient has a preference for oral therapy.
- **Deucravacitinib** would not be a cost-effective use of NHS resources if used when adalimumab, bimekizumab or tildrakizumab are considered to be suitable treatment options (ref NICE [TA907](#)).
- Clinicians should refer to the SmPCs for each individual drug for full prescribing information, noting ▼ black triangle status where applicable – [click here](#)
- TNF inhibitors should be avoided in patients with any of the following co-morbidities:- Proven malignancy in last 10 years; malignant melanoma at any point; MS; Bronchiectasis; Pulmonary Fibrosis; SLE; Congestive heart failure (NYHA Class III / IV).
- Take into account how skin colour could affect the PASI score and make any adjustments needed.
- Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments needed.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

Bedfordshire, Luton and Milton Keynes Area Prescribing Committee

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This algorithm is only applicable for use in patients who have failed to respond to, who are intolerant of, or who have contraindications to the use of all standard systemic therapies including ciclosporin, methotrexate and phototherapy*. The treatment choices available vary depending on severity of disease (as indicated in the algorithm below). *NICE has confirmed that the TAs should be interpreted as people having tried ALL standard systemic treatment before progressing to the next stage of the pathway.



Box 1- Adequate response Either:

- a 75% reduction in the PASI score (PASI 75) from when treatment started OR
- a 50% reduction in the PASI score (PASI 50) and a 5-point reduction in DLQI from start of treatment.

Note: additional response assessment criteria are in place for [tildrakizumab](#) and [deucravacitinib](#).

Treatment requests beyond the end of the pathway, where clinical exceptionalty can be demonstrated, can be reconsidered via the [Individual Funding Request \(IFR\) route](#).