

HERTFORDSHIRE AND WEST ESSEX AREA PRESCRIBING COMMITTEE (HWE APC)

SEVERE LOCALISED (HIGH IMPACT SITE) PSORIASIS IN ADULTS LOCAL DECISIONS MAY AND JUNE 2022

**RED – NOT RECOMMENDED FOR USE IN PRIMARY CARE.
PRESCRIBING RESPONSIBILITY TO BE RETAINED IN SECONDARY CARE**

Recommendation:

In line with East of England Priorities Advisory Committee (EoEPAC):

Adalimumab (best value biosimilar) is recommended as an option for treating severe localised [high impact site] psoriasis when the following criteria are met:

- Disease has not responded to standard systemic therapies, including ciclosporin, methotrexate and phototherapy in line with local pathways and there is a
- Physicians Global Assessment (PGA) of 'severe' or 'very severe' and
- Dermatology Life Quality Index (DLQI) > 10 and
- At least one localised, high impact and difficult to treat site, such as the face, scalp, palms, soles, flexures and genitals, assessed by the clinician at baseline (see measures for assessing disease severity).

Apremilast can be considered as an alternative for patients where adalimumab is contraindicated or not suitable, e.g. patients who are unable to use a subcutaneous device, or who decline biologic therapy.

Treatment should be discontinued if:

- Failure to demonstrate an adequate response to treatment at 16 weeks and subsequent reviews defined as:
 - PGA of clear, nearly clear or mild disease OR 50% improvement in an appropriate disease score (see below) outlined by clinician and
 - A 5-point reduction in DLQI score.
- Therapy is not tolerated or becomes contraindicated.

Disease severity must be assessed at baseline using an appropriate scoring system. The following scoring systems may be considered:

- Severe scalp disease: must be confirmed by documenting ≥30% of scalp surface area affected and a PGA of severe. A Psoriasis Scalp Severity Index (PSSI) score of ≥20 (0-72 scale) may also be used.
- Severe palm/sole disease or other high impact sites: utilise an adjusted Psoriasis Area and Severity Index (PASI) score to assist with assessing response from baseline.
- Severe nail disease: a NAIL Psoriasis Severity Index (NAPSI) score may be used
- Severe palmoplantar disease: A Palmoplantar Pustulosis PASI (PPPASI) for severe palmoplantar pustulosis
- Static Physician's Global Assessment of Genitalia (sPGA-G) or Modified genital PASI (mGPASI)
- Physicians Global Assessment (PGA) classified as clear, nearly clear, mild, moderate, severe or very severe.
- Dermatology Life Quality Index (DLQI).

Routine commissioning of subsequent biologic agents if response to treatment with adalimumab/ apremilast is inadequate, or therapy is not tolerated or becomes contraindicated, is NOT recommended.

The East of England Priorities Advisory Committee recommendation and evidence review can be found below



Severe Localised
Psoriasis EoEPAC (112)

Version	2.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include: <ul style="list-style-type: none"> • Rebadging with HWE ICB and removal of ENHCCG and HVCCG headers
Developed by	PMOT ENHCCG and HVCCG and local stakeholders
Approved by	HMMC
Date approved/updated	HMMC May 2022, WEMOPB June 2022
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	1.0