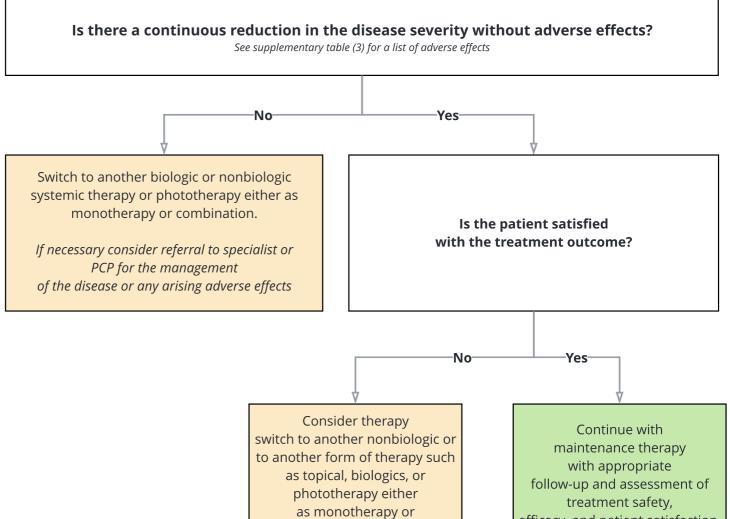


Management of Adult Psoriasis with Systemic Non-Biologics

Is the patient a candidate for systemic non-biologic therapy? At least one of the following criteria: BSA > 10% Disease involving special areas Assess history and physical examination*, pregnancy/nursing status in applicable patients, laboratory evaluation**, and determine the presence of any contraindications *See supplementary tables (1,4,5,6) for required baseline screening, pre-treatment vaccine, and a list of contraindications for systemic non-biologics **Includes CBC with differential, liver and renal function test (BUN and SCr), lipid profile, serum chemistry, liver fibrosis assessment, TB, hepatitis B & C, HIV screening, and pregnancy test if indicated Based on the patient's initial screen, is the patient qualified to receive nonbiologic therapy? Acitretin Apremilast Cyclosporine • Fumaric acid esters • Methotrexate • Tofacitinib Other immunosuppressants and antimetabolites * *See supplementary tables for the complete list of non-biologics ·Νο -Yes Initiate nonbiologic therapy * Consider an alternative therapy, such as topical, *See supplementary table (7) for dosing information biologics, phototherapy, or combination therapy for psoriasis Determine if specialist referral is required to manage the patient's systemic issues. If necessary, refer patient to the corresponding specialist or PCP for Was the therapy effective and safe after continuous use? abnormal lab results or management of contraindications See supplementary table (3) for the list of possible adverse effects If the therapy was efficacious and safe Consider switching to another continue with maintenance therapy and non-biologic, especially if conduct ongoing monitoring. If the side-effects develop, therapy was mildly efficacious consider or to different therapy modalities combination therapy. (topical, phototherapy, See supplementary table (8) for a list of possible or biologic agents). combination therapies Ongoing monitoring and screening Acitretin • Fumaric acid esters* Tofacitinib* LFT and lipid profile monthly CBC biweekly for the first 2 CBC with differential, CMP, for the first 3 months; LFT, months, monthly until 6 and lipid profile at 4-8 weeks months, and bimonthly lipid panel, CBC, and renal after the initiation, then every thereafter function test every 3 months; 3 months pregnancy test if indicated Apremilast Methotrexate Cyclosporine Weight should be monitored; CBC and LFT every 3-6 Weekly BP; BUN and SCr biweekly in routine lab screening can be months; periodic renal the first 3 months, then monthly; considered on individual monitoring for patients with CBC, LFT, lipid profile, magnesium, poor renal function uric acid, and potassium monthly; basis pregnancy test if indicated *Not FDA approved for psoriasis in the US See supplementary table (2) for the complete list of recommended ongoing monitoring and screening schedules Is there a continuous reduction in the disease severity without adverse effects? See supplementary table (3) for a list of adverse effects No-Yes Switch to another biologic or nonbiologic systemic therapy or phototherapy either as monotherapy or combination. Is the patient satisfied



in combination.

Patient Education & Long-term Treatment of Psoriasis Long-term therapy • Shared-decision making is important for the long-term treatment of **Patient Education** psoriasis. Additionally, consider patient satisfaction with current • Education regarding the etiology, natural history, triggers, potential treatment comorbidities, treatment options, and risk profiles • Patients should be monitored according to their treatment protocol

- Educate patient on the impact of lifestyle on disease severity
- Consider best educational media sources for patient and provide tools. Advise about support groups, such as National Psoriasis Foundation
- Consider patient quality of life to select appropiate long-term

efficacy, and patient satisfaction.

- treatment
- Consider patient's ability to adhere to treatement protocol to maintain control

Abbreviations: BP = Blood Pressure **BSA** = Body Surface Area Involved

BUN = Blood Urine Nitrogen

CBC = Complete Blood Count **CMP** = Comprehensive Metabolic Panel **HIV** = Human Immunodeficiency Virus

LFT = Liver Function Test **PCP** = Primary Care Physicians **SCr** = Serum

TB = Tuberculosis