

Is the patient a candidate for systemic therapy?

At least one of the following criteria:

- BSA > 10%
- Disease involving special areas

Assess medical history*, pregnancy/nursing status in applicable patients, laboratory evaluation**, and determine presence of any contraindications.

Refer to supplementary table for pregnancy safety of biologic therapies and a list of contraindications.

*See supplementary for information related to biologic therapy baseline screening, and vaccines, as well as its use during surgical procedures

Includes CBC, CMP, TB Test (referral for chest radiograph if necessary), Hepatitis B and C, HIV Test*, IBD (IL-17)

***Based on patient history

Based on the patient's initial screening is the patient qualified to receive biologic therapy?

TNF-Alpha Inhibitor

- ETN, IFX, ADA, CZP

IL-12/23 Inhibitor

- UST

IL-17 Inhibitor

- SKB, BRO, IXE

IL-23 Inhibitor

- GUS, RZB, TIL

NO

Consider an alternative therapy such as topical, systemic non-biologic, phototherapy, or combination therapy for the treatment of psoriasis disease

Determine if specialist referral is required to manage patient's systemic issues, if necessary refer patient to corresponding specialist or PCP for abnormal lab results or management of contraindications

YES

Initiate biologic therapy based on loading dose*

*See supplementary table for loading dose information

Was the therapy effective and safe after continuous use?

See supplementary table for the suggested period of time to assess efficacy and safety, as well as a list of possible adverse effects.

NO

Consider switching to another biologic or another class of biologics, especially if side-effects develop, or to different therapy modalities (topical, phototherapy, or systemic non-biologic agents)

YES

If the therapy was efficacious and safe continue with maintenance therapy and conduct ongoing monitoring. If the therapy was mildly efficacious consider combination therapy.

See supplementary table for a list of possible combination therapies

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Clinical Decision Pathway for Treating Psoriasis Patients Using Biologics

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Ongoing monitoring and screening

- **TNF-alpha inhibitor***
Assess for infections, Yearly test for latent TB in high risk patients or at physicians discretion. Hepatitis B and C**
- **IL 12/23 inhibitor**
Assess for infections, Yearly test for TB in high risk patients or at physicians discretion. Hepatitis B and C**
- **IL-17 inhibitor**
Assess for infections, Yearly test for latent TB in high risk patients or at physicians discretion. Rare cases IBD, Suicidal ideation (BRO), Tinea Pedis and Candidiasis (lips), Hepatitis B and C**
- **IL-23 inhibitor**
Assess for infections, Yearly test for latent TB in high risk patients or at physicians discretion. Hepatitis B and C**

*See supplementary table for follow-up frequency
**In patients with risk factors

Is there a continuous reduction in the disease severity without adverse effects?
Refer to supplementary table for a list of adverse effects

NO

YES

Switch to another biologic or nonbiologic systemic therapy or phototherapy either as monotherapy or combination.
If necessary consider referral to specialist or PCP for the management of disease or any arising adverse effects. Refer to the supplementary table for information related to therapy discontinuation and half-lives

Is the patient satisfied with the treatment outcome?

NO

YES

Consider therapy switch to another biologic or to another form of therapy such as topical, systemic non-biologic, or phototherapy either as monotherapy or in combination.

Continue with maintenance therapy with appropriate follow-up and assessment of treatment safety, efficacy, and patient satisfaction.
See supplemental table for maintenance dose

