Clinical Guideline Flowchart for Treating Psoriasis Patients Using Biologics

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

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

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.

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)

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

continued on next page
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. 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

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Is there a continuous reduction in the disease severity without adverse effects?

Refer to supplementary table for a list of adverse effects

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**NO**

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

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**YES**

Is the patient satisfied with the treatment outcome?

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**NO**

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.

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**YES**

Continue with maintenance therapy with appropriate follow-up and assessment of treatment safety, efficacy, and patient satisfaction.

See supplemental table for maintenance dose