Psoriasis topical treatment algorithm for PRIMARY CARE: Adults April 2018

Also see NICE CG153: https://www.nice.org.uk/guidance/CG153

3Ts Formulary NHS
Swindon CCG & Wiltshire CCG
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	Trunk & limbs	Face, Flexures & Genitals	Scalp
1st line	If chronic non-inflammatory plaques prescribe Vitamin D analogue **thickly** bd *e.g. Calcipotriol (Dovonex®).* Suitable regime for long term use. If inflammatory plaques: use Vitamin D analogue thickly once daily in the morning and use moderately potent steroid *eg Betamethasone Valerate 0.025%* once daily (thinly) at night. If effective, continue treatment.	Short term mild potency corticosteroid applied ONCE or TWICE daily (*e.g. hydrocortisone 0.1-2.5% (mild).* **For a maximum of 5 days.** *If this is found to be effective, it can be used on an on-going* ***intermittent*** *basis.*	Potent corticosteroid TWICE daily for up to 4 weeks* e.g. Diprosalic® scalp application BD plus tar shampoo such as Capasal® to wash hair 3-7 times weekly. Suitable if no very thick plaques.
	If ineffective after 8-12 weeks	**If ineffective**	**If ineffective after 4 weeks***
2nd line	Coal Tar preparation ONCE or TWICE DAILY e.g. Exorex® 5% emulsion (Coal Tar). Suitable for long term use. Alternative option for non-inflammatory plaques: Dithranol (prescribe as Dithrocreme®) 0.1-2%. For short contact use, apply once daily and wash off after ½—1 hr. Alternatively (≤0.5% only), apply at night and wash off in the morning (warning: can stain clothing & bed linen and inflame psoriatic plaques). If inflammatory plaques are present: use moderately potent steroid eg Betamethasone Valerate 0.025% once daily thinly in the morning and use coal tar preparation(Exorex®) at night. If effective, continue treatment.	Moderate potency steroid eg Clobetasone butyrate (Eumovate®) ONCE or TWICE daily for a maximum of 5 days, reverting then to intermittent use of 0.1-2.5% hydrocortisone plus an emollient.	Consider using: • A different formulation of the potent corticosteroid, e.g. shampoo or mousse, &/or • Topical agents to remove adherent scale (if thick plaques) e.g. salicylic acid, tar, emollients & oils, (for example *Cocois®* ointment overnight, washed out with *Capasal®* shampoo), before applying potent corticosteroid*
	If ineffective after 8-12 weeks	**If ineffective**	**If ineffective after 4 weeks***
3rd line	Potent steroid unsuitable for long term use. Use Betamethasone Dipropionate 0.05% in combination with calcipotriol 50mcg/g (*Dovobet® or Enstilar®)* ONCE daily for a maximum of 4 weeks*	Prescribe a calcineurin inhibitor OFF-LABEL (tacrolimus 0.1% or pimecrolimus BD), for a trial period of 4 weeks, continue long term if beneficial, but reduced to twice weekly during quiescent periods. See SPC for further information. **PIL:** http://www.bad.org.uk/shared/get-file.ashx?id=155&itemtype=document	Betamethasone 0.05% & calcipotriol 50mcg/g (Dovobet® gel or Enstilar® foam) ONCE daily for up to 4 weeks* **OR** Vit D analogue (e.g. calcipotriol) TWICE daily for 8 weeks (only if non-pruritic & mild/moderate psoriasis)
	If the above cannot be used or are not effective	**If ineffective after 4 weeks of treatment**	**If ineffective**
4th line	Consider referral to a specialist for support & advice	REFER to specialist for further treatment options	Consider referral to a specialist for support & advice

***Potent steroids:** Aim for a break of 4 wks between courses of treatment with potent/very potent corticosteroids. Consider non-steroid based products (coal tar, vit D analogues, emollients) PRN to maintain control of psoriasis during this break period.

Referral: Psoriasis that cannot be controlled by topical treatment should be referred to secondary care for further assessment & treatment options (e.g. phototherapy & systemic treatment). Disease control with topical therapies may not be achievable in people with psoriasis that is extensive (e.g. >10% body surface) or at least "moderate" on the static Physicians Global Assessment.

Treatment of psoriasis during pregnancy: Topical treatments are the first choice of treatment for psoriasis during pregnancy, particularly emollients. Limited use of low- to moderate-dose topical steroids appears safe, but women should use caution when applying topical steroids to the breasts to avoid passing the medication to the baby while breastfeeding. Dithranol is safe. The manufacturers of topical Vitamin D analogues advise that they should be avoided, although in small amounts significant absorption is unlikely. Teratogenicity has been reported with tar in animal but not human studies, and tar may be suitable for use in the second and third trimesters. For further information see: http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20071026151915152309

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