

# Psoriasis topical treatment algorithm - Adults

## TRUNK AND LIMBS

1<sup>st</sup> line

Potent corticosteroid DAILY **plus** vitamin D/ vitamin D analogue DAILY (apply separately, one in the morning and the other in the evening) for up to **4 weeks**<sup>#</sup>

If ineffective after maximum of 8 weeks treatment

2<sup>nd</sup> line

Vitamin D/vitamin D analogue TWICE daily

If ineffective after maximum of 8-12 weeks

3<sup>rd</sup> line

Potent corticosteroid TWICE daily for **4 weeks**<sup>#</sup>

Coal tar preparation ONCE or TWICE daily

If these cannot be used or require once daily product to increase adherence.

4<sup>th</sup> line

Betamethasone 0.05% and calcipotriol 50mcg/g (**Dovobet**®) ONCE daily for up to **4 weeks**<sup>#</sup>

## FACE, FLEXURES AND GENITALS

Short term mild or moderate potency corticosteroid<sup>^</sup> applied ONCE or TWICE daily. **Maximum of 2 weeks**<sup>#</sup>

If ineffective or continuous treatment required to maintain control and serious risk of steroid induced local side-effects

Calcineurin inhibitor<sup>^</sup> (tacrolimus or pimecrolimus) TWICE daily for up to **4 weeks**. **ONLY to be initiated by healthcare professionals with expertise in psoriasis.**

REFER adults not controlled on topical treatment to secondary care for further treatment options (phototherapy and/or systemic treatment)

## SCALP

Potent corticosteroid ONCE daily for up to **4 weeks**<sup>#</sup>

If ineffective after **4 weeks**<sup>#</sup>

Consider using:

- A different formulation of the potent corticosteroid, e.g. shampoo or mousse, and/or
- Topical agents to remove adherent scale, e.g. salicylic acid, emollients and oils, before applying potent corticosteroid<sup>#</sup>

If ineffective after a further **4 weeks**<sup>#</sup>

Betamethasone 0.05% and calcipotriol 50mcg/g (**Dovobet**® gel) ONCE daily for up to **4 weeks**<sup>#</sup>

Vit D/vit D analogue ONCE daily for **8 weeks** (only if cannot use steroids and mild/moderate psoriasis)

If ineffective after treatment duration

Very potent corticosteroid TWICE daily for **2 weeks**<sup>#</sup>

Coal tar ONCE or TWICE daily

Referral to a specialist for support and advice

**# Aim for a break of 4 weeks between courses of treatment with potent or very potent corticosteroids.**

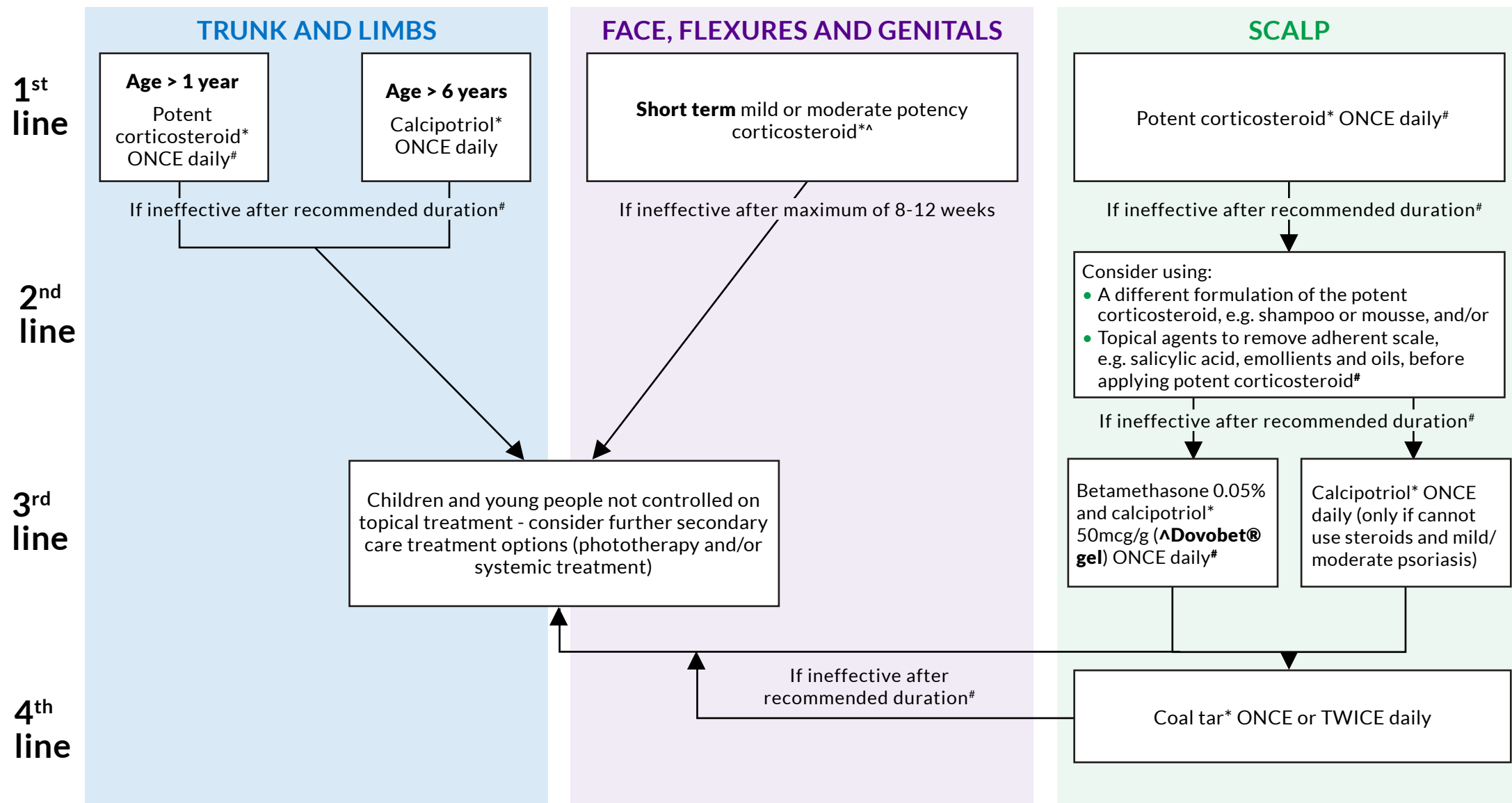
Consider non-steroid based products (coal tar, vit D/vit D analogues) as needed to maintain control of psoriasis during this period.

Psoriasis that cannot be controlled by topical treatment should be referred to secondary care for further assessment and treatment options (these include phototherapy and systemic treatment).

**^** Unlicensed indication, i.e. off-label use.

# Psoriasis topical treatment algorithm - Children and young people

Children and young people with any type of psoriasis should be referred to secondary care at presentation. Most topical treatments to be initiated by specialist. Duration of treatment course to be clearly stated when requesting GP to continue prescribing or repeat courses.



# Aim for a break of 4 weeks between courses of treatment with potent or very potent corticosteroids. Consider non-steroid based products (coal tar, vit D/vit D analogues) as needed to maintain control of psoriasis during this period.

\* Refer to BNF for Children for information on appropriate dosing and duration of treatment.

▲ Unlicensed indication, i.e. off-label use.