# PSORIASIS Topical Treatment Algorithm – ADULTS

## Site

<table>
<thead>
<tr>
<th>1st line</th>
<th>Trunk &amp; limbs</th>
<th>2nd line</th>
<th>Face, flexures &amp; genitals</th>
<th>Scalp</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potent corticosteroid DAILY plus vitamin D/ vitamin D analogue DAILY</strong> (Apply separately, one in the morning and the other in the evening) for up to 4 weeks*</td>
<td><strong>Potent corticosteroid</strong> DAILY for up to 4 weeks*</td>
<td><strong>Short-term mild or moderate potency corticosteroid</strong> DAILY or TWICE daily (maximum of 2 weeks*)</td>
<td><strong>Potent corticosteroid</strong> DAILY for up to 4 weeks*</td>
<td></td>
</tr>
<tr>
<td>If ineffective after maximum of 8 weeks</td>
<td>If ineffective for continuous treatment and serious risk of steroid-induced local side-effects</td>
<td><strong>Calcineurin inhibitor</strong> (tacrolimus or pimecrolimus) <strong>TWICE daily for up to 4 weeks</strong>. <strong>ONLY to be initiated by healthcare professionals with expertise in psoriasis.</strong></td>
<td>If ineffective after 4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Vitamin D/ vitamin analogue TWICE daily</strong></td>
<td>Referral to a specialist for support and advice</td>
<td><strong>Coal tar preparation ONCE or TWICE daily</strong></td>
<td><strong>Consider using:</strong></td>
<td></td>
</tr>
<tr>
<td>If ineffective after 8 – 12 weeks</td>
<td><strong>Betamethasone 0.05% and calcipotriol 50mcg/g (Dovobet® gel) ONCE daily for up to 4 weeks</strong></td>
<td><strong>Refer</strong> adults not controlled on topical treatment to secondary care for further treatment options (phototherapy and/or systemic treatment)</td>
<td><strong>A different formulation of the potent corticosteroid (e.g. a shampoo or mousse) and/or</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Potent corticosteroid TWICE daily for 4 weeks</strong></td>
<td>If ineffective after treatment duration</td>
<td><strong>Very potent corticosteroid TWICE daily for 2 weeks</strong></td>
<td><strong>Topical agents to remove adherent scale (e.g. containing salicylic acid, emollients and oils) before applying potent corticosteroid</strong></td>
<td></td>
</tr>
<tr>
<td>If these cannot be used or require once daily product to $adherence</td>
<td><strong>Coal tar preparation TWICE daily</strong></td>
<td><strong>Coal tar ONCE or TWICE daily</strong></td>
<td><strong>If ineffective after maximum of 8 weeks</strong> treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Betamethasone 0.05% and calcipotriol 50mcg/g (Dovobet® ointment or Enstilar® foam) ONCE daily for up to 4 weeks</strong></td>
<td><strong>Vit D/ vit D analogue ONCE daily for 8 weeks</strong> (only if cannot use steroids and mild/ moderate psoriasis)</td>
<td><strong>Referral to a specialist for support and advice</strong></td>
<td><strong>If ineffective after further 4 weeks</strong></td>
<td></td>
</tr>
</tbody>
</table>

* 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.

^ Unlicensed indication i.e. off-label use


Approved by Hertfordshire Medicines Management Committee January 2014, updated September 2017
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.

Site | Trunk & limbs | Face, flexures & genitals | Scalp
--- | --- | --- | ---
1st line | **Age > 1yr** Potent corticosteroid* ONCE daily* | **Age > 6yrs** Calcipotriol* ONCE daily | Potent corticosteroid* ONCE daily#
| **If ineffective after recommended duration*** | | If ineffective after recommended duration*** | Consider* using:
- A different formulation of the potent corticosteroid (e.g., a shampoo or mousse) and/or
- Topical agents to remove adherent scale (e.g., containing salicylic acid, emollients, and oils) before applying potent corticosteroid#

2nd line | Children and young people not controlled on topical treatment – consider further secondary care treatment options (phototherapy and/or systemic treatment) | | If ineffective after recommended duration***
| | | | **Betamethasone 0.05% and calcipotriol 50mcg/g (Dovobet® gel) ONCE daily***

3rd line | | | **Calciopotriol* ONCE daily (only if cannot use steroids and mild/moderate psoriasis)**

4th line | | | **Coal tar preparation* ONCE or TWICE daily**

*Refer to BNF for Children for information on appropriate dosing and duration of treatment
^Unlicensed indication i.e., off-label use

#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.


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