

## South East Regional Medicines Optimisation Group (SERMOG) policy recommendation

<b>Title:</b>	High-cost drugs for localised psoriasis
<b>Number:</b>	SERMOG-12
<b>Category:</b>	Eligibility criteria apply
<b>Date determined by SERMOG:</b>	March 2026

<b>Policy recommendation:</b>
<p>Localised psoriasis (also known as “difficult to treat sites or high impact sites”) is widely defined as psoriasis affecting one of the following sites: head and neck (including face and scalp), nails, genitals, hands and feet (palmar/plantar) or flexures.</p> <p>Patients with localised psoriasis may have significant symptoms which have a substantial impact on their quality of life, but because there is a reduced surface area affected they do not meet NICE TA criteria for the use of high-cost drugs (HCDs) for psoriasis. This policy sets out criteria for the use of NICE TA recommended drugs for psoriasis for this patient group.</p> <p>The South East Regional Medicines Optimisation Group (SERMOG) considered NICE guidance, professional society guidance and other guidance, the evidence base, baseline position, the views of clinical specialists, equality and equity issues and the potential impact of changing policy or the potential impact of a new policy in areas where there is currently no position.</p> <p>All decisions were made with reference to the South East Region Policy Recommendation Committees’ Ethical Framework. Taking these into account, the SERMOG recommends:</p> <p>The use of NICE TA recommended high-cost drugs for psoriasis (used in the order detailed below) are funded for the treatment of localised psoriasis where all the following criteria are met:</p> <ul style="list-style-type: none"> <li>• The localised disease is moderate to very severe with a significant impact on quality of life, as defined by a Physicians Global Assessment (PGA) score of 3 or more AND a Dermatology Life Quality Index (DLQI<sup>1</sup>) score of more than 10 AND</li> <li>• The patient has trialled all appropriate standard psoriasis treatments in line with NICE CG153 guidance (such as topical treatments, phototherapy and systemic medications such as methotrexate, acitretin and ciclosporin) and failed to gain adequate symptom control with (or these options are contraindicated or not tolerated)</li> </ul>

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<sup>1</sup> When using the DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate.

Adalimumab biosimilar should be the first line treatment option for patients meeting the criteria above, unless this is not clinically appropriate.

Treatment response should be assessed at time points detailed in NICE TA recommendations for the treatments use in psoriasis. To continue treatment for localised psoriasis, the patient must achieve:

- A 75% reduction in their PGA score AND has a PGA score of between 0 – 1 OR
- A PGA score of between 0 – 2 AND a 5-point reduction in the DLQI<sup>1</sup> from when treatment started.

If this is not achieved or if there is a secondary loss of response, ustekinumab biosimilar should be used as the second line treatment option, unless this is not clinically appropriate. For subsequent treatment lines the most clinically appropriate option with the lowest cost (considering drug acquisition and administration costs) should be utilised.

Licensed dose escalation of adalimumab (or when available, other cost saving licenced dose escalations) may be considered for patients who have a secondary loss of response.

#### **Version control:**

Version 1.0 – Issued to ICBs 27/03/2026

#### **Notes:**

This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.

South East region ICBs will always consider appropriate individual funding requests (IFRs) through their IFR processes.