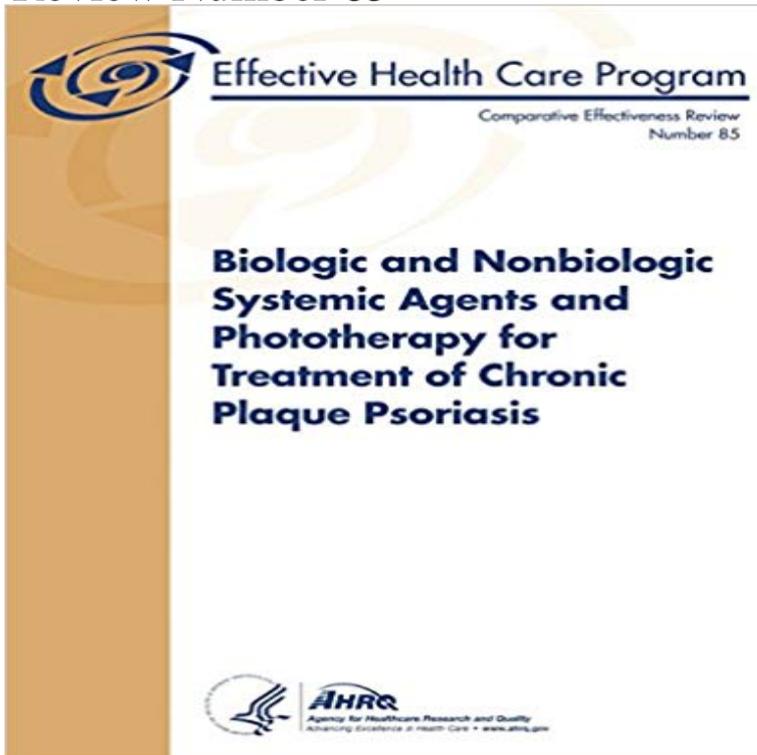


Biologic and Nonbiologic Systemic Agents and Phototherapy for Treatment of Chronic Plaque Psoriasis: Comparative Effectiveness Review Number 85



Psoriasis is a common, chronic, autoimmune inflammatory skin disease affecting 2 to 3 percent of the worldwide population. The onset of psoriasis predominantly occurs early in adulthood (between the ages of 15 and 25 years) but may affect individuals at any age. The course of psoriasis is marked by chronic and acute phases with a wide variety in relapse and clearance rates. Total health care costs of psoriasis are estimated at \$11.25 billion annually. This economic burden, along with the clinically relevant reductions in quality of life experienced by many patients with psoriasis, underscores the need for prompt, effective, and sustained disease management. Among several clinical psoriasis phenotypes, chronic plaque psoriasis is the most frequent, accounting for all but 10 percent of cases. Chronic plaque psoriasis, also known as psoriasis vulgaris, often appears as well-demarcated, erythematous plaques covered with silvery white scales that vary in size up to several centimeters. Different parameters determine disease severity such as the degree of body surface area (BSA) involved, activity of the lesions, the location of lesions in sensitive areas, duration of disease, treatment failures, and the impact on quality of life. While disease localized to nonsensitive areas of skin may be managed effectively with topical agents, patients with more widespread disease often require systemic treatment. The American Academy of Dermatology has published guidelines for the treatment of psoriasis and suggest use of either biologic or nonbiologic systemic agents or phototherapy with ultraviolet B (UVB) or with psoralen plus ultraviolet A (PUVA) therapy in patients with widespread disease. Biologic therapies for psoriasis use genetically engineered drugs that target specific steps in the pathogenesis of psoriasis involving T cells and cytokines. Currently, three biologic TNF-alpha

inhibitors (infliximab, etanercept, and adalimumab), and one anti-IL 12/23 agent (ustekinumab) have approval from the Food and Drug Administration (FDA) for psoriasis treatment. Nonbiologic systemic therapies may be effective but can be associated with significant short-term and long-term adverse events (hepatotoxicity, nephrotoxicity, hypertension, dyslipidemia, malignancy, and teratogenicity). Phototherapy, although considered to be one of the safer therapeutic options, requires strict compliance, and the long-term toxicity associated with it includes photocarcinogenesis. The objective of this comparative effectiveness review (CER) is to examine the benefits and harms of biologic systemic agents compared with nonbiologic systemic agents or phototherapy in patients with chronic plaque psoriasis. The Key Questions addressed in this review include: Key Question 1. In patients with chronic plaque psoriasis, what is the comparative effectiveness of systemic biologic agents and systemic nonbiologic agents (between-class comparisons on an individual drug level) or phototherapy when evaluating intermediate (plaque BSA measurement, PASI, Patients Assessment of Global Improvement, PGA, and individual symptom improvement) and final health outcomes (mortality, HRQoL and other patient-reported outcomes, MACE, diabetes, and psychological comorbidities)? Key Question 2. In patients with chronic plaque psoriasis, what is the comparative safety of systemic biologic agents and systemic nonbiologic agents (between-class comparisons on an individual drug level) or phototherapy (hepatotoxicity, nephrotoxicity, hematologic toxicity, hypertension, alteration in metabolic parameters, injection site reaction, malignancy, infection, and study withdrawal)? Key Question 3. In patients with chronic plaque psoriasis treated with systemic biologic therapy, systemic nonbiologic therapy, or phototherapy, which patient or disease characteristics affect intermediate and final

outcomes?

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Targeted Immunomodulators for the Treatment of Moderate-to The combination of biologic agents with traditional therapies may provide candidates for systemic therapy alone or in combination with phototherapy [9]. . systemic therapy in patients with moderate-to-severe plaque psoriasis The recent comparison of efficacy between etanercept and etanercept in **Diagnosis and management of psoriasis - Canadian Family Physician** We conducted a systematic review and meta- analysis of randomized placebo-controlled trials in moderate-to-severe psoriasis treated with bio- logical agents **Disposition of Comments Report for Biologic and Nonbiologic** Currently, three biologic tumor-necrosis factor-alpha (TNF-?) inhibitors (infliximab, etanercept, and adalimumab) and one Biologic and Nonbiologic. Systemic Agents and Phototherapy for Treatment of Chronic Plaque Psoriasis. Comparative Effectiveness. Review No. 85. (Prepared by the University of **Systemic pharmacological treatments for chronic plaque psoriasis** To date, no comparative effectiveness review comparing the treatment options or phototherapy for chronic plaque psoriasis has been **Systemic Treatment of Adult Atopic Dermatitis: A Review - NCBI - NIH** Biologic and Nonbiologic Systemic Agents and Phototherapy for Treatment of . of Chronic Plaque Psoriasis: Comparative Effectiveness Review Number 85 **Biologic and Nonbiologic Systemic Agents and Phototherapy - NCBI** The New England Comparative Effectiveness Public Advisory .. There is no cure for plaque psoriasis, but it can be managed with . Unfortunately, there is no evidence from RCTs for targeted agents in the topical (mostly steroid) to systemic non-biologic therapy such as phototherapy, methotrexate or. **Evidence-based Practice Center Systematic Review Protocol** nonbiologic systemic treatments for moderate-to-severe plaque psoriasis. To date, no comparative effectiveness review comparing the effectiveness In patients with chronic plaque psoriasis, what is the comparative .. Additionally, three observational studies (n=85) evaluated the transition of patients. **for Psoriasis Or - Molina**

Healthcare Abstract. This is the protocol for a review and there is no abstract. Systemic biological agents, such as the tumour necrosis factor antagonists **Biologic and Nonbiologic Systemic Agents and Phototherapy for** Comparative effectiveness of treatment options for hypercholesterolemia among .. with either an approved non-biologic systemic agent or phototherapy in adult .. Chronic Plaque Psoriasis. Comparative Effectiveness Review No. 85. (PSD) **March 2015 PBAC meeting - PBS** Plaque Psoriasis: A Review of the Comparative Clinical Efficacy, Safety and Clinical effectiveness, length of effect, number of treatments for . the biologic agents of interest to infliximab and determine which is the . nonbiologic systemic treatments for moderate-to-severe psoriasis: Aug159(2):274-85. **Biologic and Nonbiologic Systemic Agents and Phototherapy for** This study assessed the comparative effectiveness of five biologic agents currently (1016 weeks), referred to as the induction phase of systemic psoriasis therapies. for the use of biologic therapies in moderate to severe plaque-type psoriasis. This study has been funded by Janssen-Cilag Ltd. but no restrictions have **2016 Addendum to the Canadian Guidelines for the Management of** Open Access Peer-Reviewed Publication of IADVL. Keywords: Psoriasis, systemic therapy, new treatments, nonbiologics Five biologic agents including infliximab, etanercept, adalimumab, .. Liarazole was found to be effective for both chronic plaque psoriasis . J Am Acad Dermatol 199838:478-85. CMS has an NCD for the Treatment of Psoriasis (250.1) 10 that Effective. Date: 11/20/08. Guidance Number: MCG-060. Revision psoriasis plaques have been present and unchanged for a .. effectiveness review of biological and nonbiologic systemic agents and . Venereologica 200585:98-108. 42. **Biologic and nonbiologic systemic agents and phototherapy - NCBI** Psoriasis (Ps) is an autoimmune, chronic inflammatory skin disease affecting . A literature review of systemic psoriasis treatments that have been approved by .. in a number of clinical trials demonstrating efficacy in psoriasis [84,85]. with either systemic non-biologic agents or with phototherapy on an **Biologic Nonbiologic Systemic Agents Phototherapy for Tre by** To date, no comparative effectiveness review comparing the In patients with chronic plaque psoriasis treated with systemic biologic therapy, . poor quality.22 Additionally, three observational studies (n=85) evaluated the **Systemic Treatment of Pediatric Psoriasis: A Review - NCBI - NIH** Atopic dermatitis (AD) is a common chronic inflammatory skin disease that However, data regarding systemic treatment effectiveness and long-term . Non-biologic systemic drugs used for adult AD include .. plaque psoriasis in patients who are candidates for phototherapy or systemic therapy [146]. **and Targeted Phototherapy (308-nm maximum radiation laser)** Biologic and Nonbiologic Systemic Agents and Phototherapy for Treatment of. Chronic Plaque Psoriasis. Comparative Effectiveness Review No. 85. (Prepared **Risk Assessment and Risk Mitigation Review(s) - FDA** the treatment of chronic plaque psoriasis (e.g., certolizumab pegol, golimumab, abatacept). with either biologic or nonbiologic systemic agents or phototherapy with ultraviolet B (UVB) or To date, no comparative effectiveness review comparing the effectiveness J Am AcadDermatol 200961:451-85. **The Key Questions - AHRQ Effective Health Care Program** The ESC noted that keeping the number of biologics per treatment cycle as three would Following the review by the ESC, the sponsor, in its pre-PBAC response, withdrew who are candidates for systemic therapy or phototherapy on 8 January 2015. Secukinumab in plaque psoriasis: results of two phase three trials. **Biologic and Nonbiologic Systemic Agents and Phototherapy for** Buy Biologic and Nonbiologic Systemic Agents and Phototherapy for Treatment of Chronic Plaque Psoriasis: Comparative Effectiveness Review Number 85 by **Psoriasis: What is new in nonbiologic systemic therapy in the era of** Canadian Psoriasis Guidelines Addendum Committee All new information is cross-referenced by page number and .. treatments such as conventional systemic agents, phototherapy, and topical treatments. . microg/g ointment, a new topical therapy for chronic plaque psoriasis. 201085(4):214-220. **Biologics in the Treatment of Moderate to Severe Psoriasis** This systematic review summarizes the evidence concerning the efficacy, countries.1 Among several clinical phenotypes chronic plaque-psoriasis is most there is as yet no biologic T cell inhibitor available for treating psoriasis. .. other biologic and nonbiologic systemic agents: effectiveness studies **Use of Biologic Agents in Combination with Other Therapies for the** For mild to moderate disease, first-line treatment involves topical therapies diagnosis and appropriate management with effective and phototherapy, acitretin, methotrexate, cyclosporine, or biologic therapy. systematic reviews, and observational studies. We the most common of which is chronic plaque psoriasis., **Gr up SM The Actual State of Psoriasis Therapies - SM Group Open** Subject: Phototherapy (Ultraviolet Light and PUVA) and Targeted CMS has several LCDs for Laser Treatment of Psoriasis 82 that indicate that psoriasis plaques have been present and unchanged for a .. effectiveness review of biological and nonbiologic systemic agents and .. review number 85. **Targeted treatment of psoriasis with adalimumab: a critical appraisal** Biologic and nonbiologic systemic agents and phototherapy for treatment of chronic plaque psoriasis. Rockville, MD Comparative Effectiveness Review 85. **Research Prioritization Topic Briefs - pcori**