

Management of Adult Psoriasis with Topicals

Does the patient have mild to moderate psoriasis?

Yes

No

Consider prescribing a topical  
(See topical therapy section below)  
Or consider phototherapy

Is the patient taking biologic, systemic  
non-biologic, or phototherapy?

No

Yes

Determine if the patient is a  
candidate for other  
non-topical therapies such  
as biologic, systemic  
non-biologic, or phototherapy

Consider adding a  
topical therapy  
as an adjuvant

Initial  
Assessment

Topical Corticosteroid Therapy (Class 1-7)

Is the patient a potential candidate for topical therapy?

Does the patient have psoriasis  
that is not located in special areas  
and does not consist of thick or  
chronic plaques?

Does the patient have psoriasis in  
areas such as the face,  
intertriginous areas, areas susceptible  
to steroid atrophy or suffer from  
adverse effects?

Does the patient have  
scalp psoriasis?

Does the patient have  
areas with thick or  
chronic plaques?

Consider prescribing class 1 to 5  
corticosteroids along or in combination  
with other topical agents

Consider using lower potency  
corticosteroids for up to 4 weeks  
or non-steroid topical therapy

Consider using class 1-7 for the  
treatment of scalp psoriasis for a  
minimum of up to 4 weeks as  
initial or maintenance therapy

Consider using class 1  
corticosteroid for  
up to 4 weeks

Assess treatment outcome and determine if the patient is a candidate for maintenance therapy or consider switching to a different topical. Additionally, consider switching to combination or monotherapy with a systemic biologic, systemic non-biologic, or phototherapy.

Topical corticosteroids can be combined with biologics and systemic non-biologics

Vitamin D Analogue Therapy

Does the patient have  
scalp psoriasis?

Does the patient have  
facial psoriasis?

If the patient does not have scalp or facial psoriasis then  
consider using vitamin D analogue for up to 52 weeks  
• Calcipotriene (Calcitriol)  
Combination therapy may also be considered  
(See section below)

Consider using calcipotriene  
plus betamethasone  
dipropionate gel or  
hydrocortisone

Consider using topical  
tacalcitol ointment or  
calcipotriene combined  
with hydrocortisone

Assess the efficacy of the treatment  
Did the patient's symptoms improve?

Yes

No

Consider maintenance therapy  
as appropriate with proper  
follow-up and monitoring

Consider switching to a different  
type of topical  
or combination with  
another topical.  
  
Additionally, consider switching  
to a biologic, non-biologic  
systemic,  
or phototherapy if the patient is  
an  
appropriate candidate.

Assess the efficacy of the treatment  
Did the patient's symptoms improve?

Yes

No

Consider long term therapy up to  
52 weeks If the patient is using  
high potency corticosteroids then:  
Consider applying vitamin D  
analogue twice daily on weekdays  
and high potency corticosteroids  
twice daily on weekends  
Or  
Morning high-potency  
corticosteroid and evening topical  
vitamin D analogue

Consider switching to a different type of  
topical or combination with another  
topical. Additionally, consider switching to  
a biologic, non-biologic systemic, or  
phototherapy if the patient is an  
appropriate candidate.  
  
Alternatively if the patient is using high  
potency corticosteroids then:  
Consider applying vitamin D analogue  
twice daily on weekdays and high potency  
corticosteroids twice daily on weekends  
Or  
Morning high-potency corticosteroid and  
evening topical vitamin D analogue

Moisturizer

Moisturizer can be applied several times a day\*

\*Small risk of contact dermatitis

Calcineurin Inhibitor Therapy [Off-Label]

Does the patient have  
plaque psoriasis?

Does the patient have  
inverse psoriasis?

Does the patient have  
psoriasis involving the face?

Consider using combination  
therapy with tacrolimus and  
6% salicylic acid.  
This combination has been  
studied and can be used  
for up to 12 weeks

Consider using 0.1%  
tacrolimus for up to 8  
weeks or pimecrolimus  
for 4-8 weeks

Consider using 0.1%  
tacrolimus for up to 8 weeks.  
Patient may experience side  
effects such as stinging  
sensation or irritation

Coal tar/LCD therapy

Consider using for mild to  
moderate psoriasis\*

\*Can stain clothes and tar odor is present  
in most preparations

Consider for scalp  
psoriasis

Can be used with phototherapy  
(Goeckerman therapy)

Anthralin Therapy

Consider using for 8-12 weeks\*\*

\* Short contact up to 2 hours per day

\$ Can stain the skin, and application to the face or other  
highly visible areas should be avoided.

Tazarotene Therapy

Is the patient pregnant or considering pregnancy?

Yes

No

Tazarotene is  
contraindicated in  
pregnant patients.  
Consider another  
treatment  
option.

Consider using for  
8-12 weeks  
Tazarotene can also be  
used for the treatment  
of nail psoriasis

Topical Salicylic Acid

Consider using salicylic acid for 8-16 weeks for mild psoriasis

Can be used with topical corticosteroids or tacrolimus  
Salicylic acid has been known to deactivate calcipotriene

Post-treatment  
assessment and  
combination  
therapy

- Consider patient quality of life when assessing treatment success. Additionally, consider patient satisfaction with the treatment outcome and use shared decision for treatment.
- Expert opinion may be used to determine adequate treatment combinations based on individual patient characteristics and risk factors.

Patient Education  
& Long-term  
Treatment of  
Psoriasis

Patient Education

- Education regarding the etiology, natural history, triggers, potential comorbidities, treatment options, and risk profiles
- Educate patient on the impact of lifestyle on disease severity
- Consider best educational media sources for patient/family and provide tools. Advise about support groups, such as National Psoriasis Foundation

Long-term Treatment

- Shared-decision making is important for the long-term treatment of psoriasis. Additionally, consider patient satisfaction with current treatment
- Patients should be monitored according to their treatment protocol
- Consider patient quality of life to select appropriate long-term treatment
- Consider patient's ability to adhere to treatment protocol to maintain control