

Treat-to-Target

National Psoriasis Foundation Recommendations for Treatment Response



Higher Skin Clearance May Improve Quality of Life for Patients With Ps^{1,2*}

The National Psoriasis Foundation (NPF) Recommends High-Clearance Treatment Targets³

NPF Target Response
After Treatment Initiation

BSA $\leq 1\%$

3 months after treatment initiation

NPF Acceptable Response
After Treatment Initiation

BSA $\leq 3\%$ OR $\geq 75\%$
BSA improvement

3 months after treatment initiation

NPF Target Response During Maintenance Therapy

BSA $\leq 1\%$

at every 6-month assessment interval

The NPF Recommends Reevaluation of Treatment Options if Treatment Targets Are Not Met³



Month 0
Assess at
Treatment Initiation



Month 3
Initial Assessment After
Treatment Initiation



Every 6 Months
Maintenance
Assessment



If treatment goals are not met, the HCP and patient have an opportunity to reevaluate and discuss treatment options based on benefit-risk assessment.

Subsequent management options may include

Escalating the current therapy

Combination therapies
with other agents

Switching treatments

*Two studies evaluated the association between skin clearance and quality of life in patients with moderate-to-severe plaque psoriasis. One analysis of 1469 patients enrolled in 2 TNF inhibitor trials examined the proportion of patients achieving a DLQI score of 0 across PASI response levels. A separate systematic review of 13 randomized controlled trials of biologic therapies assessed the correlation between PASI and DLQI outcomes.
BSA=body surface area. DLQI=Dermatology Life Quality Index. HCP=healthcare provider. PASI=Psoriasis Area and Severity Index.
Ps=psoriasis. TNF=tumor necrosis factor.

Expert Recommendations for Systemic Therapy Eligibility

The International Psoriasis Council and National Psoriasis Foundation each describe systemic therapy eligibility criteria^{4,5}

2020 IPC Consensus Statement⁴



Candidates
for systemic
therapy* ...

2025 NPF Update⁵



Patients with
moderate-to-severe
Ps are
candidates
for systemic
therapy and ...

Must Meet at Least One of the Following Criteria⁴⁻⁶



BSA $\geq 10\%$ ^{4,5†}

Regardless of location, 10% or more of the body is impacted by Ps



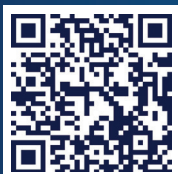
Disease involving high-impact sites^{4,5†}

Ps affecting more impactful sites, such as the face, palms, soles, genitalia, scalp, or nails



Failure of topical therapy^{4,5}

Inability to achieve clear/nearly clear skin (BSA $\leq 1\%$, PGA 0 or 1) after 2 consecutive 4-week topical therapy courses per guidelines⁶



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*Systemic therapies include both biologic and nonbiologic treatments, such as phototherapy and older systemic agents. †The 2020 IPC Consensus specifies BSA $>10\%$, while the 2025 NPF Update specifies BSA $\geq 10\%$. ‡The 2025 NPF update used the term “high-impact sites” instead of “special areas,” stating that “high-impact sites” is considered the preferred term by leading Ps experts.

BSA=body surface area. IPC=International Psoriasis Council. NPF=National Psoriasis Foundation. PGA=Physician’s Global Assessment. Ps=psoriasis.

1. Revicki DA, et al. *Dermatology*. 2008;216(3):260-270. doi:10.1159/000113150 2. Mattei PL, et al. *J Eur Acad Dermatol Venereol*. 2014;28:333-337. doi:10.1111/jdv.12106 3. Armstrong AW, et al. *J Am Acad Dermatol*. 2017;76(2):290-298. doi:10.1016/j.jaad.2016.10.017 4. Strober B, et al. *J Am Acad Dermatol*. 2020;82(1):117-122. doi:10.1016/j.jaad.2019.08.026 5. Blauvelt A, et al. *J Am Acad Dermatol*. 2026;94(4):1348-1349. doi:10.1016/j.jaad.2025.12.087 6. Strober BE, et al. *J Am Acad Dermatol*. 2026;94(1):372-375. doi:10.1016/j.jaad.2025.08.116

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