Not responded to adequate trials of at least Peripheral arthritis with 3 or more AND 2 standard DMARDs administered swollen and 3 or more tender joints individually or in combination No or very mild psoriasis Yes Does the person have cutaneous or nail psoriasis? Refer to Note 1 for advice regarding choice: Refer to Note 1 for advice regarding These options are also suitable for patients choice: Please note that with psoriatic axial disease Anti-TNF - Yuflyma® SC (adalimumab) all agents listed are suitable for OR Anti-TNF - Remsima® IV (infliximab) Anti-TNF - Yuflyma® SC (adalimumab) patients with (only for patients unsuitable for or who OR Anti-TNF - Remsima® IV (infliximab) (only enthesitis or decline homecare) for patients unsuitable for or who decline dactylitis OR Anti-TNF - Cimzia® SC (Certolizumab homecare) pegol) OR Anti-TNF - Cimzia® SC (Certolizumab (Initiation only in patients who are pegol) pregnant/lactating or those planning a (Initiation only in patients who are pregnant/ pregnancy) lactating or those planning a pregnancy) If anti-TNF is contraindicated (in order of If anti-TNF is contraindicated: preference): JAK-I - Rinvoq® PO\* (Upadacitinib)(see note 1 Anti IL-17- Cosentyx® SC (Secukinumab) for JAK-I prescribing advice) OR Anti IL-23 - Tremfya® SC (Guselkumab) OR Anti IL-17 - Cosentyx® SC (Secukinumab) OR Anti IL-12/23 - Pyzchiva® SC OR PDE4 inhibitor - Otezla® PO (Apremilast) -(Ustekinumab) (see note 1) OR PDE4 inhibitor - Otezla® PO (Apremilast) - (see note 1) \*If patient's skin worsens when treating with a drug not suitable for use in psoriasis, refer to dermatology Review 12-24 weeks (refer to note 1 for If primary failure switch to an agent with a specific details) different mode of action (see note 1) Improvement in at least 2 of 4 PsARC criteria, 1 of which must JAK-I- Rinvoq® PO\* (Upadacitinib) (not if the Adequate be joint tenderness or swelling patient has psoriasis) (see note 1 for JAK-1 response score, with no worsening of prescribing advice) any of the 4 criteria OR Anti IL-17 - Cosentyx SC® (Secukinumab) OR Anti IL-23 -Tremfya® SC (Guselkumab) Inadequate OR Anti IL-12/23 - Pyzchiva® SC (Ustekinumab) response OR PDE4 inhibitor - Otezla® PO (Apremilast) -Continue with regular blood (see note 1) monitoring and review If secondary failure consider a switch to an agent with the same mode of action (see note Consider taper and stopping standard 1). **DMARDS unless:** Please note preferred subsequent anti-TNF In people whose disease options below in order of preference: - required under biologic licence has a PASI 75 response at 12 weeks but whose PsARC - taking methotrexate for psoriasis Remsima SC® (Infliximab) scores do not justify - required for persistence of anti-TNF continuation, discuss with OR **Benepali SC**<sup>®</sup> (Etanercept)(not if the patient - patient has co-morbid condition (IBD/ a dermatologist has psoriasis unless no other options) uveitis) OR Cimzia SC® (Certolizumab pegol) OR **Simponi SC**<sup>®</sup> (Golimumab) (not if the patient Consider tapering or stopping biologics in has psoriasis) conjunction with the patient

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Note 1:	Drugs	Suitable for	Review	Patient and clinical considerations
Therapeutic		monotherapy	period	
class		without MTX		
Anti-TNF	Yuflyma® SC	Yes (all)	12	Contraindications: Demyelinating disease, heart failure
	(Adalimumab)		weeks	(etanercept cautioned for both)
	Remsima® IV/SC			
	(Infliximab)			Yuflyma®/Remsima® are first line biologics in
	Cimzia® SC			Inflammatory Bowel Disease
	(Certolizumab pegol)			Cimpia® is licensed in prognent or lectating nationts but
	Benepali® SC (Etanercept)			Cimzia® is licenced in pregnant or lactating patients but both infliximab and adalimumab are widely used in
	Simponi® SC			pregnancy and may be continued to term (although
	(Golimumab)			ideally stopped in the third trimester)
	(not if the patient			ideally stopped in the tillid tilliester)
	has psoriasis)			Cimzia® is contraindicated in latex allergy
JAK-I	Rinvoq® PO	Yes	12	JAK-I should not be used in patients with the following
JAK-1	(Upadacitinib)	No	weeks	risk factors unless there are no suitable alternatives:
	Xeljanz® PO		Weeks	- Age 65 or over
	(Tofacitinib)			- Current or past long-term smoking
	(			- Other risk factors for cardiovascular disease or
				malignancy
				Use caution when prescribing in patients with other risk
				factors for VTE and prescribe lower doses if possible.
				Carry out periodic skin examination on all patients to
				check for skin malignancy (MHRA April 2023)
Anti IL-17	Taltz® SC	Yes (all)	16	Avoid in Inflammatory Bowel Disease
	(Ixekizumab)		weeks	
	Cosentyx® SC			Cosentyx® is contraindicated in latex allergy
	(Secukinumab)			
	Bimzelx® SC			Taltz® and Bimelx® - Note different doses required if the
	(Bimekizumab)			patient has concomitant psoriasis
				Cosentyx® - Dose is 150mg if anti-TNF naïve, 300mg if
A	T	V	1.0	concomitant psoriasis or anti-TNF failure
Anti IL-23	Tremfya® SC	Yes	16	Continuous homecare nursing service available if adherence concerns or if patients are unable to self-inject
	(Guselkumab) <b>Skyrizi® SC</b>		weeks	adherence concerns or it patients are unable to self-inject
	(Risankizumab)			
Anti IL-	Pyzchiva® SC	Yes	24	Continuous homecare nursing service available if
12/23	(Ustekinumab)	103	weeks	adherence concerns or if patients are unable to self-inject
12/23	(Sectional)		WCCKS	adillation concerns of it putients are unable to sentinject
				Also used in the management of Inflammatory Bowel
				Disease
PDE4	Otezla® PO	Yes	16	Oral therapy requiring less monitoring than other options
inhibitor	(Apremilast)	. 50	weeks	and the second s
	,			Cautioned in depression
				Note that while data suggests that apremilast is effective
				versus placebo, it is not as effective as anti-TNF for
				treating psoriatic arthritis. Clinical effectiveness results
				have shown it to be the least effective treatment, but the
				reduced monitoring required may make it acceptable to
				some patients