



**Note 2: Dose escalation**

**Yuflyma®** : Can increase to 40mg weekly

**Remsima® IV**: Consider drug level and anti-drug antibody testing to guide dose and frequency

**Cosentyx®** : If ≥ 90kg, can increase to 300mg every 2 weeks

**Stelara®** :

-If <100kg increase to 90mg every 12 weeks

-If ≥ 100kg increase to 90mg every 8 weeks

**Illumetri®** : If ≥ 90kg or high disease burden can increase to 200mg dosing

**Cimzia®** : Can increase to 400mg every 2 weeks only in those patients who are planning a pregnancy, currently pregnant or lactating.

<b>Note 1</b> <b>Therapeutic class</b>	<b>Drugs</b>	<b>Licensed for psoriatic arthritis</b>	<b>Patient and clinical considerations</b> <b>Refer to dermatology local guidance for further details</b>
<b>Anti-TNF</b>	<b>Yuflyma® SC</b> (Adalimumab) <b>Remsima® IV/SC</b> (Infliximab) <b>Cimzia® SC</b> (Certolizumab pegol) <b>Benepali® SC</b> (Etanercept)	Yes (all)	<b>Contraindications:</b> Demyelinating disease, heart failure (etanercept cautioned for both)  Yuflyma®/Remsima® first line biologics in Inflammatory Bowel Disease  Cimzia® is the drug of choice in pregnant or lactating patients or those who are planning a pregnancy  Cimzia® is contraindicated in latex allergy
<b>Anti IL-17</b>	<b>Bimzelx® SC</b> (Bimekizumab) <b>Taltz® SC</b> (Ixekizumab) <b>Kyntheum® SC</b> (Brodalumab) <b>Cosentyx® SC</b> (Secukinumab)	Yes Yes No Yes	Avoid in Inflammatory Bowel Disease  IL-17 as a class is considered to be relatively fast onset of action compared to other options  Cosentyx® is contraindicated in latex allergy  Kyntheum® is cautioned in patients with depression
<b>Anti IL-23</b>	<b>Tremfya® SC</b> (Guselkumab) <b>Ilumetri® SC</b> (Tildrakizumab) <b>Skyrizi® SC</b> (Risankizumab)	Yes No Yes	Continuous homecare nursing service available if adherence concerns or if patients are unable to self-inject
<b>Anti IL-12/23</b>	<b>Stelara® SC</b> (Ustekinumab)	Yes	Continuous homecare nursing service available if adherence concerns or if patients are unable to self-inject  Also used in the management of Inflammatory Bowel Disease  Stelara® is contraindicated in latex allergy
<b>PDE4 inhibitor</b>	<b>Otezla® PO</b> (Apremilast)	Yes	Oral therapy and requires less monitoring than other options Cautioned in patients with depression
<b>TYK2 inhibitor</b>	<b>Sotyktu® PO</b> (Deucravacitinib)	No	Oral therapy which requires no monitoring Not as effective as other biological options but more effective than apremilast. Cautioned in patients with VTE, malignancy or major adverse cardiovascular events (MACE)

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