



**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

**Pyzchiva®** :

-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> Therapeutic class	Drugs	Licensed for psoriatic arthritis	Patient and clinical considerations <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>Illumetri® 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>Pyzchiva® 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
<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)

Authors: Dr Emily Davies and Leela Terry

Approved by: Drugs and Therapeutics Committee August 2019, this update December 2024

Review date: December 2026