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 - Hyrimoz® SC (adalimumab) all agents listed are suitable for OR Anti-TNF - Remsima® IV (infliximab) Anti-TNF - Hyrimoz® 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 - Stelara® 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 - Stelara® 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**[®] (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**[®] (Golimumab) (not if the patient Consider tapering or stopping biologics in has psoriasis) conjunction with the patient

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Authors: Leela Terry, the Rheumatology team and Dr Emily Davies Updated June 2023

Note 1:	Drugs	Suitable for	Review	Patient and clinical considerations
Therapeutic		monotherapy	period	
class		without MTX		
Anti-TNF	Hyrimoz® SC (Adalimumab) Remsima® IV/SC	Yes (all)	12 weeks	Contraindications: Demyelinating disease, heart failure (etanercept cautioned for both)
	(Infliximab) Cimzia® SC (Certolizumab pegol)			Hyrimoz®/Remsima® are first line biologics in Inflammatory Bowel Disease
	Benepali® SC (Etanercept) Simponi® SC			Cimzia® is licenced in pregnant or lactating patients but both infliximab and adalimumab are widely used in pregnancy and may be continued to term (although
	(Golimumab) (not if the patient has psoriasis)			ideally stopped in the third trimester) Cimzia® is contraindicated in latex allergy
JAK-I	Rinvoq® PO	Yes	12	JAK-I should not be used in patients with the following
ZOK I	(Upadacitinib) Xeljanz® PO (Tofacitinib)	No	weeks	risk factors unless there are no suitable alternatives: - Age 65 or over
	(Totacitiiib)			 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 (Ixekizumab) Cosentyx® SC	Yes (all)	16 weeks	Avoid in Inflammatory Bowel Disease Cosentyx® is contraindicated in latex allergy
	(Secukinumab) Bimzelx® SC (Bimekizumab)			Taltz® and Bimelx® - Note different doses required if the patient has concomitant psoriasis
				Cosentyx® - Dose is 150mg if anti-TNF naïve, 300mg if concomitant psoriasis or anti-TNF failure
Anti IL-23	Tremfya® SC (Guselkumab) Skyrizi® SC (Risankizumab)	Yes	16 weeks	Continuous homecare nursing service available if adherence concerns or if patients are unable to self-inject
Anti IL- 12/23	Stelara® SC (Ustekinumab)	Yes	24 weeks	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
PDE4 inhibitor	Otezla® PO (Apremilast)	Yes	16 weeks	Oral therapy requiring less monitoring than other options
				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