



Note 2: Dose escalation**Hyrimoz®** : 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.

| Note 1 Therapeutic class | Drugs | Licensed for psoriatic arthritis | Patient and clinical considerations Refer to dermatology local guidance for further details |
|------------------------------------|---|---|--|
| Anti-TNF | Hyrimoz® SC (Adalimumab) Remsima® IV/SC (Infliximab) Cimzia® SC (Certolizumab pegol) Benepali® SC (Etanercept) | Yes (all) | Contraindications: Demyelinating disease, heart failure (etanercept cautioned for both) Hyrimoz®/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 |
| Anti IL-17 | Bimzelx® SC (Bimekizumab) Taltz® SC (Ixekizumab) Kyntheum® SC (Brodalumab) Cosentyx® SC (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 |
| Anti IL-23 | Tremfya® SC (Guselkumab) Ilumetri® SC (Tildrakizumab) Skyrizi® SC (Risankizumab) | Yes No Yes | Continuous homecare nursing service available if adherence concerns or if patients are unable to self-inject |
| Anti IL-12/23 | Stelara® SC (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 |
| PDE4 inhibitor | Otezla® PO (Apremilast) | Yes | Oral therapy and requires less monitoring than other options Cautioned in patients with depression |
| TYK2 inhibitor | Sotyktu® PO (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

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