

# Systemic Biological Therapy for Psoriatic Arthritis

If a person has both psoriasis and psoriatic arthritis, take into account both conditions before initiating or making changes to biological therapy and manage their treatment in consultation with a rheumatologist

The person has peripheral arthritis with  $\geq 3$  tender joints and  $\geq 3$  swollen joints,  
**AND**  
The psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs (DMARDs), administered either individually or in combination.

**FIRST LINE**  
Choose one from the biosimilar agents:  
**Etanercept (Benepali) (Anti-TNF) (TA199)**  
**Adalimumab (Yuflyma) (Anti-TNF) (TA199)**

**SECOND LINE**  
Choose one of:  
**Apremilast (TA433)**  
**Bimekizumab (TA916)**  
**Infliximab (Remsima) (Anti-TNF) (TA199)**  
**Golimumab (Anti-TNF) (TA220)**  
**Certolizumab (Anti-TNF) (TA445)**  
**Ixekizumab (IL-17A) (TA537)**  
**Risankizumab (TA803)**  
**Secukinumab (IL-17A) (TA445)**  
**Ustekinumab (IL-12/23) (TA340)**  
**Guselkumab (IL-23) (TA711)**  
**Tofacitinib (JAK inhibitor) (TA543)**  
**Upadacitinib (JAK inhibitor) (TA768)**

**THIRD LINE**  
Choose an alternative mechanism of action from the first and second line choices.

**FOURTH LINE**  
Choose an alternative mechanism of action from the first, second and third line choices.

**If no improvement, stop bDMARD**  
(requests for further bDMARD are subject to IFR process).

Review if there has been an adequate response to therapy at the following time frames:

- 24 weeks (ustekinumab)
- 16 weeks (apremilast, bimekizumab, guselkumab, risankizumab)
- 12 weeks (etanercept, golimumab, certolizumab, infliximab, adalimumab, ixekizumab, secukinumab, tofacitinib, upadacitinib)

If secondary non-response or tolerance, move to the next step of the pathway. If positive response, maintain treatment and re-assess every 3-6 months.

An adequate response is defined as an improvement in at least two of the four PsARC criteria, (one of which has to be joint tenderness or swelling score) with no worsening in any of the four criteria.

People whose disease has a PASI 75 response at 12 weeks but whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response.

**Choice of Biologic then dependent upon:-**

- Cost effectiveness, dosing schedule as per patient needs and patient device/route preference (Adalimumab or Etanercept biosimilar first line when clinically appropriate)
- Proven efficacy and safety profile in long term use
- Patient co-morbidities
- Ease vs complexity of monitoring
- Ustekinumab dose escalation for patients <100 Kg based on patient's response to treatment, local, regional and national experience and close monitoring of effectiveness and side effects profile

**References:**

Specialist Pharmacy Service. Updated RMO Advisory Statement: Sequential Use of Biologics. [Internet]. 2020. [Cited March 2022]. Available from <https://www.sps.nhs.uk/articles/rmoc-advisory-statement-sequential-use-of-biologic-medicines/>