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This is a decision aid to help clinicians and patients decide their treatment choice and not a comprehensive data source or replacement for the individual drug Summary of Product Characteristics. Please use in conjunction with the [published guidelines](#), pathway algorithm and discussions in the online supporting information document (File S2, Appendix D).

Questions you might want to ask	How do I take it?		How effective is it?		How common are the side effects?		Is there anything else to consider?	
	How often do I need to inject the treatment?*	For how long has this treatment been around?†	Roughly what proportion of people becomes clear or nearly clear (PASI90) after 3-4 months?‡	What is the likelihood of staying on this treatment past 1 year?§	Roughly what proportion of people stops their treatment in the first 3-4 months due to unwanted effects?¶	Roughly what proportion of people gets a serious infection in the first 3-4 months?¶¶	What are <i>some</i> of the conditions that would make your doctor hesitant about giving you the treatment?††	What if I have psoriatic arthritis?
TNF								
Adalimumab	1 injection under the skin, every other week	Since 2008	 41%	77-81% chance	 2%	 < 1%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
Certolizumab pegol	1 or 2 injections under the skin, every 2 weeks	Since 2019	 41-48%	Not known at present	 2%	 < 1%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
Etanercept	1 injection under the skin, once or twice a week	Since 2004	 23%	67-73% chance	 2%	 < 1%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
Infliximab	1 injection in the vein,‡‡ every 8 weeks	Since 2006	 53%	54-74% chance	 5%	Not known at present	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
IL12/23								
Ustekinumab	1 injection under the skin, every 12 weeks	Since 2009	 46%	86-92% chance	 1%	 < 1%	No particular condition	Recommended treatment for psoriatic arthritis only when TNF inhibitors have failed

* Only licensed maintenance doses are featured; see File S1: Table S1 for information on initiation dosing schedules

† First approval of the drug for moderate to severe plaque psoriasis

‡ The evidence is drawn from clinical trials including a mixed biologic-naïve and experienced population; figures quoted are based on anticipated absolute effects derived from network meta-analyses of licensed biologic doses

§ The evidence is drawn from a real-world UK biologic-naïve population; it may not apply to biologic choice for subsequent lines of treatment

¶¶ The evidence is drawn from clinical trials including a mixed biologic-naïve and experienced population; figures quoted are based on Peto odds ratio analyses of all biologic doses

†† Please refer to individual drugs' summary of product characteristics for a more comprehensive list (www.medicines.org.uk)

‡‡ Requires attendance to hospital

Questions you might want to ask	How do I take it?		How effective is it?		How common are the side effects?		Is there anything else to consider?	
	How often do I need to inject the treatment?*	For how long has this treatment been around?†	Roughly what proportion of people becomes clear or nearly clear (PASI90) after 3-4 months?‡	What is the likelihood of staying on this treatment past 1 year?§	Roughly what proportion of people stops their treatment in the first 3-4 months due to unwanted effects?‡	Roughly what proportion of people gets a serious infection in the first 3-4 months?***	What are <i>some</i> of the conditions that would make your doctor hesitant about giving you the treatment?††	What if I have psoriatic arthritis?
IL17								
Brodalumab	1 injection under the skin, every 2 weeks	Since 2018	 73%	Not known at present	 2%	 < 1%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	This treatment is not licensed ^{§§} for psoriatic arthritis
Ixekizumab	1 injection under the skin, every 4 weeks	Since 2016	 72%	Not known at present	 3%	 < 1%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	Recommended treatment for psoriatic arthritis
Secukinumab	2 injections under the skin, every month	Since 2015	 60%	Not known at present	 2%	 < 1%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	Recommended treatment for psoriatic arthritis
IL23								
Guselkumab	1 injection under the skin, every 8 weeks	Since 2018	 68%	Not known at present	 2%	 < 1%	No particular condition	This treatment is not licensed ^{§§} for psoriatic arthritis
Risankizumab	2 injections under the skin, every 12 weeks	Since 2019	 74%	Not known at present	 1%	 < 1%	No particular condition	This treatment is not licensed ^{§§} for psoriatic arthritis
Tildrakizumab	1 or 2 injections under the skin, every 12 weeks	Since 2019	 39%	Not known at present	 2%	 < 1%	No particular condition	This treatment is not licensed ^{§§} for psoriatic arthritis
Placebo								
No active treatment	Does not apply	Does not apply	 2%	Does not apply	 2%	 < 1%	Does not apply	Does not apply

NICE eligibility criteria, infliximab: PASI ≥20, DLQI >18; other biologic therapies: PASI ≥10, DLQI >10

§§ A treatment that is not licensed for a particular condition means it has not been awarded a Market Authorisation from the U.K. Medicines Healthcare Products Regulatory Agency (MHRA) for that condition. Once awarded, the licensed treatment can be marketed and sold in the U.K.