Treatment of Psoriatic Arthritis

Stepwise pharmacotherapy for active PsA — treatment-naive through sequential biologic switches — plus axial disease, enthesitis, IBD overlap, and treat-to-target guidance.

2018 ACR/NPF Guideline
Guideline for the Treatment of Psoriatic Arthritis
Singh JA, et al. · Arthritis Rheumatol 2019;71:5-32

GRADE — Strong | Cond. For | Cond. Against

All recommendations conditional (low–very-low evidence) unless noted. TNFi = TNF inhibitor; OSM = oral small molecule (MTX/SSZ/LEF/CSA/apremilast).

1 First-Line — Treatment-Naive Active PsA

Cond. Low	**TNFi biologic** preferred over an OSM as first-line therapy.
Cond. V. low	**TNFi** preferred over IL-17i or IL-12/23i biologic first-line.
Cond.	**OSM** reasonable alternative if patient prefers oral therapy, has cost/needle aversion, or TNFi is contraindicated (e.g., CHF, demyelinating disease).
Cond.	**IL-17i or IL-12/23i** preferred over TNFi first-line if severe psoriasis or TNFi contraindicated.

2 Active Despite OSM Monotherapy

Cond.	Switch to a **TNFi, IL-17i, or IL-12/23i biologic** preferred over trying a different OSM.
Cond.	A **different OSM** is a reasonable alternative if oral therapy is preferred or biologics are contraindicated.

3 Active Despite TNFi Monotherapy

Cond.	**1st switch** — a different TNFi preferred over IL-12/23i, IL-17i, abatacept, or tofacitinib.
Cond.	**If cycling fails** — IL-17i preferred over IL-12/23i, abatacept, or tofacitinib; IL-12/23i preferred over abatacept or tofacitinib.
Cond.	**Tofacitinib** reasonable if oral therapy preferred; **IL-12/23i** may be preferred with concomitant IBD or for less frequent dosing.

4 Active Despite IL-17i or IL-12/23i

Cond.	**Despite IL-17i** — switch to TNFi preferred over IL-12/23i, adding MTX, or switching to a different IL-17i; IL-12/23i preferred over adding MTX or switching IL-17i agents.
Cond.	**Despite IL-12/23i** — switch to TNFi preferred over adding MTX or switching to IL-17i.

5 Axial Disease, Enthesitis & IBD Overlap

Cond.	**Active axial PsA despite NSAIDs** — TNFi preferred over IL-17i or IL-12/23i; IL-17i preferred over IL-12/23i. OSMs are ineffective for axial disease.
Cond.	**Avoid IL-12/23i** for axial PsA — failed trials in axial spondyloarthritis.
Cond.	**Predominant enthesitis** — TNFi preferred over OSM first-line; NSAID trial preferred over starting an OSM. Apremilast reasonable if oral therapy preferred or TNFi contraindicated.
Strong Mod.	**Concomitant active IBD** — monoclonal-antibody TNFi (not etanercept) recommended over OSM.
Cond.	**Concomitant IBD** — avoid IL-17i; TNFi or IL-12/23i preferred instead.

6 Treat-to-Target & Vaccination

Cond.	**Treat-to-target** strategy recommended over not following one; may forgo if concerned about adverse events, cost, or treatment burden.
Cond.	**Killed vaccines** — start biologic and killed vaccines together rather than delaying.
Cond.	**Live-attenuated vaccines** — delay biologic to vaccinate when feasible; start biologic + live vaccine together only if PsA too severe to delay.

Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. *Arthritis Rheumatol.* 2019;71(1):5-32.