TABLE 1. DECISION AID – BIOLOGIC THERAPY FOR PSORIASIS

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 2020 guideline,[1] its associated pathway algorithm and discussions in the online supporting information document (File S2, Appendix D) and the updated posology table for the current update (Posology-table-2023.pdf).

	How do I take it?		How effective is it?		How common are the side effects?	Is there anything else to consider?	
Questions you might want to ask	**How often do I need to inject the treatment?[a]**	**For how long has this treatment been around?[b]**	**Roughly what proportion of people becomes clear or nearly clear (PASI90) in the first 6 months?[c]**	**What is the likelihood of staying on this treatment past 1 year?[d]**	**Roughly what proportion of people experiences serious adverse effects in the first 6 months?[c]**	**What are *some* of the conditions that would make your doctor hesitant about giving you the treatment?[e]**	**What if I have psoriatic arthritis?**
TNF							
Adalimumab	Every other week[f]	Since 2008	 31%	74-76% chance†	2%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
Certolizumab pegol	Every 2 weeks[f]	Since 2019	 24%	Not known at present	2%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
Etanercept	Once or twice a week[f]	Since 2004	 18%	67-73% chance‡	2%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
Infliximab	Every 8 weeks[g]*	Since 2006	 91%	54-74% chance‡	3%	Moderate or severe heart failure, multiple sclerosis (or other conditions affecting the nerves)	Recommended treatment for psoriatic arthritis
IL12/23							
Ustekinumab	Every 12 weeks*	Since 2009	 34%	84-86% chance†	 2%	No particular condition	Recommended treatment for psoriatic arthritis only when TNF inhibitors have failed

[a] Only licensed maintenance doses are featured; see File S1 (updated posology table S1) for information on initiation dosing schedules.
[b] First approval of the drug for moderate-to-severe plaque psoriasis.
[c] The evidence is drawn from clinical trials including a mixed biologic-naïve and experienced adult population; figures quoted are based on anticipated absolute effects derived from network meta-analyses of biologic therapies (and methotrexate) for chronic plaque psoriasis involving licensed biologic doses only.
[d] The evidence is drawn from a real-world UK mixed population† and biologic-naïve population‡ – it may not apply to biologic choice for subsequent lines of treatment.
[e] Please refer to individual drugs' summary of product characteristics for a more comprehensive list (www.medicines.org.uk).
[f] Licensed escalated dose available. *Off-license dose-escalation recommendation.
[g] 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?[a]	For how long has this treatment been around?[b]	Roughly what proportion of people becomes clear or nearly clear (PASI90) in the first 6 months?[c]	What is the likelihood of staying on this treatment past 1 year?[d]	Roughly what proportion of people experiences serious adverse effects in the first 6 months?[c]	What are *some* of the conditions that would make your doctor hesitant about giving you the treatment?[e]	What if I have psoriatic arthritis?
IL17							
Bimekizumab	Every 8 weeks[f]	Since 2021	 54%	Not known at present	1%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	Recommended treatment for psoriatic arthritis
Brodalumab	Every 2 weeks	Since 2018	 50%	Not known at present	2%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	This treatment is not licensed[h] for psoriatic arthritis
Ixekizumab	Every 4 weeks*	Since 2016	 53%	77-83% chance†	2%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	Recommended treatment for psoriatic arthritis
Secukinumab	Every month[f]	Since 2015	 47%	80-83% chance†	2%	Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis), recurrent candida infection (i.e. thrush)	Recommended treatment for psoriatic arthritis
IL23							
Guselkumab	Every 8 weeks	Since 2018	 44%	85-90% chance†	 2%	No particular condition	Recommended treatment for psoriatic arthritis[f]
Risankizumab	Every 12 weeks	Since 2019	 51%	Not known at present	 1%	No particular condition	Recommended treatment for psoriatic arthritis
Tildrakizumab	Every 12 weeks[f]	Since 2019	 32%	Not known at present	 1%	No particular condition	This treatment is not licensed[h] for psoriatic arthritis
Placebo							
No active treatment	Does not apply	Does not apply	2%	Does not apply	2%	Does not apply	Does not apply

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

[h] 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.