

# Pregnancy Planning for Women with Psoriatic Arthritis



For women living with Psoriatic Arthritis who are planning their pregnancy, it is important to review the following information with your provider.

01

## To have the safest pregnancy possible:

- Use medications on **GREEN LIST**
- Keep your Psoriatic arthritis activity as low as possible

02

## Is your Psoriatic arthritis well controlled?

- Minimal skin and nail Psoriasis
- Minimal signs of joint inflammation
- No recent signs/symptoms consistent with iritis, inflammatory bowel disease, enthesitis, dactylitis
- No flares in the last 6 months

03

## Are your medications right for you at this time?

- Continue or start **GREEN LIST** medications
- Discuss with your doctor and talk about a switch from **RED LIST** meds to **GREEN LIST** meds
- Discuss any other medications with your obstetrician

04

## Which doctors should you talk with?

- Rheumatology provider/ Dermatology provider
- Maternal-Fetal Medicine Specialist
- Local Obstetrician (OB)
- Dermatologist

## Medications



### **GREEN LIST** | Good to go

- Sulfasalazine
- Prednisone <20 mg a day
- Tumor necrosis factor inhibitors (TNFi)

(TNFi = Adalimumab, Etanercept, Infliximab, Certolizumab, Golimumab)



### **RED LIST** | Stop

- Methotrexate
- Leflunomide



### **GREY LIST** | Talk to the rheumatologist

- Janus kinase inhibitors (Tofacitinib, Baricitinib, Upadacitinib)
- Apremilast
- Abatacept
- Interleukin 17 inhibitor (Secukinumab, Ixekizumab)
- Interleukin 23 inhibitor (Guselkumab)
- Interleukin 12/23 inhibitor (Ustekinumab)
- Rituximab
- Non-steroidal anti-inflammatory agents (safe for use in 1st trimester, discuss with rheumatologist about discontinuing at 20 weeks of gestation\*)

\*The FDA recommends considering discontinuation of NSAIDs at 20 weeks of gestation as of October 2020

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