Amgen, Arcutis, Arena, Astepta, Boehringer Ingelheim, Bristol-Myers-Squibb, Cara, Celgene, Dermavet, Dermira, Janssen, Leo, Eli Lilly, MeiZi Seika Pharma, Novartis, Pfizer, GlaxoSmithKline, UCB Pharma, Sun Pharma, Ortho Dermatologics, Regeneron, Sanofi-Genseyo, Shionogi Tsujii Speakers bureau; AbbVie Inc., Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer and UCB, Consultant of: AbbVie Inc., Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer and UCB, Pascual Ritchette Speakers bureau; AbbVie, Biogen, Janssen, BMS, Roche, Pfizer, Amgen, Sanofi-Aventis, UCB, Lilly, Novartis, and Celgene, Consultant of: AbbVie, Biogen, Janssen, BMS, Roche, Pfizer, Amgen, Sanofi-Aventis, UCB, Lilly, Novartis, and Celgene, Consulting Partner of: AbbVie, Employee of: AbbVie, Employee of: AbbVie, Jaquelin Anderson Shareholder of: AbbVie, Employee of: AbbVie, Filip van den Bosch Speakers bureau; AbbVie Inc., Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer and UCB, Consultant of: AbbVie Inc., Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer and UCB.

**Disclosure of Interests:** Active or reactive cases of tuberculosis were reported. Other opportunistic infections included hepatitis B (IR 0.0, 95% CI 0.0–0.3), herpetic simplex (IR 1.8, 95% CI 1.3–2.3), and herpes zoster (IR 0.7, 95% CI 0.4–1.2). No active or reactive cases of tuberculosis were reported. Other opportunistic infections included hepatitis B (IR 0.0, 95% CI 0.0–0.3), herpetic simplex (IR 1.8, 95% CI 1.3–2.3), and herpes zoster (IR 0.7, 95% CI 0.4–1.2).

**Methods:**

A retrospective sample of patients with PsA who fulfilled CASPAR criteria and had received at least one bDMARD were taken from the Bath longitudinal cohort for inclusion in the study. Data on drug persistence, as a surrogate for response, from national registries indicates switching has become accepted routine practice. One third of patients will fail or discontinue their first biological with a significant proportion switching on to a 3rd biological or higher. Due to a lack of evidence on the response to sequential therapies, individual patients may not have further lines routinely funded after three bDMARDs in the UK. While limiting lines of therapy remains a UK concern, many countries nationwide healthcare systems follow the UK model of drug usage.

**Objectives:**

To describe the response to sequential lines of bDMARD therapy prescribed in routine care in a UK single centre cohort.

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