Conclusion: In the view of the BT indication criteria (disease severity, failure of previous treatment), the clinical parameters of the BT population suggest that BT effectively slows PsA progression being in line with numerous clinical trials. Primary response is observed as attenuation of acute inflammation measured by CRP. It should be noted that BT is indicated in younger patients whose working impairment has longer time to retirement. Hence, significantly higher productivity costs (a function of time to retirement and working impairment) in BT population must not be seen as a sign of low efficacy of BT and HAQ are the best predictors of WI in PsA. HAQ along with DAPsA are the most useful predictors in the clinical practice, yet, representing slightly worse model. We conclude that decreasing HAQ and DAPsA, e.g. via more effective BT, will undoubtedly increase working productivity, thus significantly decrease productivity losses/costs in patients with PsA and the whole society. We hope that our results could be employed in future cost-effectiveness analyses of new technologies and could provide clear answers on how better disease control and treatment response influence productivity costs.