GRAPPA Treatment Recommendations – PICOs and GRADE recommendations by group

Peripheral Arthritis

1. In patients with active peripheral PsA what is the impact of non-steroidal anti-inflammatory drugs (NSAIDs) on symptoms, disease progression and adverse events?
   NSAIDs can be considered to relieve symptoms of peripheral PsA, at a standard or lower dose and with careful monitoring for side effects if used in a sustained manner.
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect. No effect on disease progression proven. Adverse events are common.
Quality of evidence	Low quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

2. In patients with active peripheral PsA what is the impact of oral steroids on symptoms, disease progression and adverse events?
   Chronic systemic corticosteroids are **not** recommended in the treatment of psoriatic arthritis and are only advisable in discrete circumstances for short-term disease control and not for chronic use.
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect. No effect on disease progression proven. Potential for significant adverse events with long term use.
Quality of evidence	Very low quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

3. In patients with active peripheral PsA, with or without ongoing DMARD treatment, what is the impact of intra-articular steroids on symptoms, disease progression and adverse events?
   Intra-articular corticosteroids are recommended for symptom alleviation in the treatment of psoriatic mono-, oligo- and polyarthritis.
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect. No effect on disease progression proven. Adverse events are rare.
Quality of evidence	Very low quality
Values and preferences	Not clear

Costs (resource allocation)	Low cost

4. In patients with active peripheral PsA what is the impact of conventional disease modifying anti-rheumatic drugs (cDMARDs) on symptoms, disease progression and adverse events?
   Conventional DMARDs (methotrexate, leflunomide, sulfasalazine) are recommended as a first line therapy for symptoms of peripheral PsA
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Clear desirable effect. Favorable balance between desirable and undesirable effects. No clear harmful effect of a short term delay (3-6 months) in introducing more effective treatments.
Quality of evidence	Moderate quality
Values and preferences	Probably well positioned in values and preferences
Costs (resource allocation)	Low cost

5. In patients with active peripheral PsA who are DMARD-naive what is the impact of TNF inhibitors on symptoms, disease progression and adverse events?
   TNF inhibitors should be used to treat symptoms and disease progression of peripheral PsA in people who are DMARD naive
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Strongly favors desirable effects on symptoms and disease progression.
Quality of evidence	High Quality RCT data for adalimumab, etanercept, golimumab, infliximab
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost.

6. In patients with active peripheral PsA who are DMARD-naive what is the impact of IL12/23 inhibitor on symptoms, disease progression and adverse events?
   IL12/23 inhibitors is not recommended to treat symptoms of peripheral PsA in people who are DMARD naive
   Strength of recommendation – conditionally not recommended

Factor	Comment
Balance between desirable and undesirable effects	No data in DMARD naïve patients
Quality of evidence	No data available
Values and preferences	Not clear
Costs (resource allocation)	High cost

7. In patients with active peripheral PsA who are DMARD-naive what is the impact of IL17 inhibitors on symptoms, disease progression and adverse events?
   IL17 inhibitors should (not) be used to treat symptoms of peripheral PsA in people who are DMARD naive
   Strength of recommendation – conditionally not recommended

Factor	Comment
Balance between desirable and undesirable effects	No data in DMARD naïve patients
Quality of evidence	No data available
Values and preferences	Not clear
Costs (resource allocation)	High cost

8. In patients with active peripheral PsA who are DMARD-naive what is the impact of apremilast on symptoms, disease progression and adverse events?
   Apremilast can be considered to treat symptoms of peripheral PsA in people who are DMARD naive
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely effect on symptoms of peripheral PsA, no data on disease progression, adverse events are uncommon
Quality of evidence	Low quality (abstract of 1 RCT only)
Values and preferences	Not clear
Costs (resource allocation)	High cost

9. In patients with active peripheral PsA who have failed conventional DMARDs what is the impact of TNF inhibitors on symptoms, disease progression and adverse events?
   TNF inhibitors should be used to treat symptoms and disease progression of peripheral PsA in people who have failed conventional DMARDs
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Strongly favors desirable effects.
Quality of evidence	High Quality
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost.

10. In patients with active peripheral PsA who have failed conventional DMARDs what is the impact of IL12/23 inhibitors on symptoms, disease progression and adverse events?
    IL12/23 inhibitors should be used to treat symptoms and disease progression of peripheral PsA in people who have failed conventional DMARDs
    Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Strongly favors desirable effects.
Quality of evidence	High Quality

Values and preferences	well established values and preferences
Costs (resource allocation)	High cost.

11. In patients with active peripheral PsA who have failed conventional DMARDs what is the impact of IL17 inhibitors on symptoms, disease progression and adverse events?
    IL17 inhibitors should be used to treat symptoms and disease progression of peripheral PsA in people who have failed conventional DMARDs
    Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Strongly favors desirable effects.
Quality of evidence	High Quality studies but phase III studies only in abstract form currently
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost.

12. In patients with active peripheral PsA who have failed conventional DMARDs what is the impact of apremilast on symptoms, disease progression and adverse events?
    Apremilast should be used to treat symptoms of peripheral PsA in people who have failed conventional DMARDs
    Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Strongly favors desirable effects on symptoms, no data on disease progression.
Quality of evidence	High Quality
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost.

13. In patients with active peripheral PsA what is the impact of switching to an alternate TNF inhibitor or to an alternate targeted biological agent on symptoms, disease progression and adverse events in the case of inadequate response or adverse effects with a first targeted biological agent?
    Switching TNF inhibitors or to an alternate targeted biological agent for inadequate response or adverse effects can be considered to treat symptoms of peripheral PsA in people with PsA that are not responding to a previous targeted biological agent.
    Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Effective on symptoms of peripheral PsA, likely effect on disease progression (TNFi), adverse events are common (TNFi, IL17i, IL12/23i), adverse events uncommon with apremilast
Quality of evidence	Low quality, little data
Values and preferences	Clear
Costs (resource allocation)	High cost

Axial

1. In patients with active PsA-related axial disease what is the impact of non-steroidal anti-inflammatory drugs (NSAIDs) on symptoms, disease progression and adverse events?
   NSAIDs should be used to treat symptoms of axial disease in people with PsA.
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect, positive effect on disease progression, adverse events are common
Quality of evidence	High quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

2. In patients with active PsA-related axial disease what is the impact of physiotherapy and simple analgesia on symptoms, disease progression and adverse events?
   Physiotherapy and simple analgesia should be used to treat symptoms of axial disease in people with PsA
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect, no effect on disease progression, adverse events are uncommon
Quality of evidence	High quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

3. In patients with active PsA-related axial disease what is the impact of conventional disease modifying anti-rheumatic drugs (cDMARDs) on symptoms, disease progression and adverse events?
   Conventional DMARDs should not be used to treat symptoms of axial disease in people with PsA
   Strength of recommendation – strongly not recommended

Factor	Comment
Balance between desirable and undesirable effects	No effect on symptoms or signs of axial disease or on disease progression, adverse events are common
Quality of evidence	High quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

4. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of TNF inhibitors on symptoms, disease progression and adverse events?
   TNF inhibitors should be used to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Effective on symptoms and signs of axial disease, possible effect on disease progression, adverse events are common
Quality of evidence	High quality
Values and preferences	Clear
Costs (resource allocation)	High cost

5. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of IL12/23 inhibitor on symptoms, disease progression and adverse events?
   IL12/23 inhibitors can be considered to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	No effect on disease progression, adverse events are uncommon
Quality of evidence	Low quality (abstract data only)
Values and preferences	Not clear
Costs (resource allocation)	High cost

6. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of IL17 inhibitors on symptoms, disease progression and adverse events?
   IL17 inhibitors should be used to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	No effect on disease progression, adverse events are uncommon
Quality of evidence	Low quality (abstract data only for phase III)
Values and preferences	Not clear
Costs (resource allocation)	High cost

7. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of IL6 inhibitor on symptoms, disease progression and adverse events?
   IL6 inhibitors should not be used to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs
   Strength of recommendation – strongly not recommended

Factor	Comment

Balance between desirable and undesirable effects	No effect on symptoms or signs of axial disease or on disease progression, adverse events are common
Quality of evidence	High quality
Values and preferences	Not clear
Costs (resource allocation)	High cost

8. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of anti-CD20 antibodies (rituximab) on symptoms, disease progression and adverse events?
   Anti-CD20 antibody should not be used to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs
   Strength of recommendation – strongly not recommended

Factor	Comment
Balance between desirable and undesirable effects	No effect on symptoms or signs of axial disease or on disease progression, adverse events are common
Quality of evidence	High quality
Values and preferences	Not clear
Costs (resource allocation)	High cost

9. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of sacroiliac joint injections on symptoms, disease progression and adverse events?
   Local injection of corticosteroid to the sacroiliac joints can be considered to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs.
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect, no effect on disease progression, adverse events are uncommon
Quality of evidence	Low quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

10. In patients with active PsA-related axial disease that is not responding to NSAIDs, what is the impact of bisphosphonates on symptoms, disease progression and adverse events?
    Bisphosphonate infusions can be considered to treat symptoms of axial disease in people with PsA that are not responding to NSAIDs.
    Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect, no effect on disease progression, adverse events are uncommon
Quality of evidence	Low quality
Values and preferences	Not clear
Costs (resource allocation)	Low cost

11. In patients with active PsA-related axial disease what is the impact of switching to an alternate TNF inhibitor or to an alternate targeted biological agent on symptoms, disease

progression and adverse events in the case of inadequate response or adverse effects with a first targeted biological agent?
Switching TNF inhibitors or to an alternate targeted biological agent for inadequate response or adverse effects can be considered to treat symptoms of axial disease in people with PsA that are not responding to a previous targeted biological agent.
Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Effective on symptoms and signs of axial disease, possible effect on disease progression, adverse events are common
Quality of evidence	Low quality
Values and preferences	Clear
Costs (resource allocation)	High cost

Enthesitis

1. In patients with active PsA-related enthesitis what is the impact of non-steroidal anti-inflammatory drugs (NSAIDs) on symptoms and adverse events?
   NSAIDs can be considered as an initial therapy for enthesitis with careful monitoring for side effects
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Potential desirable effect, adverse events possible but serious adverse effects are uncommon
Quality of evidence	No RCTs, expert consensus
Values and preferences	Not assessed, likely high acceptability to patients
Costs (resource allocation)	Low cost

2. In patients with active PsA-related enthesitis what is the impact of physical therapy on symptoms and adverse events?
   Physical therapy can be considered to improve symptoms and functional defecit associated with enthesitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Potential benefit, no adverse events likely
Quality of evidence	No RCTs, expert consensus
Values and preferences	Generally well tolerated and received
Costs (resource allocation)	Relatively low cost

3. In patients with active PsA-related enthesitis what is the impact of local corticosteroid injections on symptoms and adverse events?
   Local corticosteroid injections can be considered with caution for enthesitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Potential desirable effect, serious adverse events are possible
Quality of evidence	Extrapolated results from meta-analysis of controlled trials in tendinopathy, high
Values and preferences	Not assessed
Costs (resource allocation)	Low cost

4. In patients with active PsA-related enthesitis what is the impact of conventional disease modifying anti-rheumatic drugs (cDMARDs) on symptoms and adverse events?
   cDMARDs are not recommended for the treatment of enthesitis
   Strength of recommendation – strongly not recommended

Factor	Comment
Balance between desirable and undesirable effects	No demonstrated benefit, adverse events are common
Quality of evidence	One RCT
Values and preferences	Not assessed
Costs (resource allocation)	Low to moderate cost

5. In patients with active PsA-related enthesitis what is the impact of TNF inhibitors on symptoms and adverse events?
   TNF alpha inhibitors as a class are recommended as initial or second line therapy in the treatment of refractory of moderate to severe enthesitis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Demonstrated benefit, potential serious adverse events
Quality of evidence	High quality RCTs (golimumab, certolizumab, infliximab) Non-placebo controlled (etanercept) Not enough evidence for adalimumab
Values and preferences	Not assessed
Costs (resource allocation)	High cost

6. In patients with active PsA-related enthesitis what is the impact of IL12/23 inhibitors on symptoms and adverse events?
   Ustekinumab is recommended as initial or second line therapy in the treatment of refractory of moderate to severe enthesitis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Demonstrated benefit, potential serious adverse events
Quality of evidence	High quality RCTs
Values and preferences	Not assessed
Costs (resource allocation)	High cost

7. In patients with active PsA-related enthesitis what is the impact of apremilast on symptoms and adverse events?
   Apremilast is recommended as initial or second line therapy in the treatment of refractory of moderate to severe enthesitis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Demonstrated benefit, low risk of adverse events
Quality of evidence	High quality RCT
Values and preferences	Not assessed
Costs (resource allocation)	High cost

8. In patients with active PsA-related enthesitis what is the impact of IL17 inhibitors on symptoms and adverse events?
   IL17 inhibitors can be considered as an initial or second line therapy in the treatment of refractory of moderate to severe enthesitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Demonstrated benefit (secukinumab), no benefit (brodalumab), potential risk of serious adverse events
Quality of evidence	Low, abstract data only from RCT
Values and preferences	Not assessed
Costs (resource allocation)	High cost

Dactylitis

1. In patients with active PsA-related dactylitis what is the impact of local corticosteroid injections on symptoms and adverse events?
   Local corticosteroid injections can be considered for symptom improvement in dactylitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Short term desirable effect. No known effect on disease progression. Adverse events of steroid injections are minor: very small chance (less than 1/1000) of infection.
Quality of evidence	No RCT, little evidence
Values and preferences	Simple treatment regularly administered in practice. Site of injection variable. Options include intra-articular, and into the tendon sheath.
Costs (resource allocation)	Low cost

2. In patients with active PsA-related dactylitis what is the impact of conventional disease modifying anti-rheumatic drugs (cDMARDs) on symptoms and adverse events?
   cDMARDs (methotrexate, leflunomide, sulfasalazine) can be considered for the treatment of dactylitis

Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	As these treatments are likely to be given for active disease elsewhere, favorable balance between desirable and undesirable effects
Quality of evidence	Weak evidence from RCT. Stronger evidence from observational studies
Values and preferences	If dactylitis only feature the systemic effects of treatment must be considered but individualiised decisions necessary eg may be more urgent in finger of someone who uses hands to do job
Costs (resource allocation)	Low cost

3. In patients with active PsA-related dactylitis what is the impact of TNF inhibitors on symptoms and adverse events?
   TNF alpha inhibitors (adalimumab, certolizumab, golimumab and infliximab) are recommended as initial or second line therapy in the treatment of refractory of moderate to severe dactylitis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Strongly favors desirable effects. Treatment unlikely to be given solely for dactylitis so beneficial effects on enthesitis, spondylitis and peripheral arthritis must also be taken into consideration
Quality of evidence	Strong evidence in RCTs for adalimumab, certolizumab, golimumab, infliximab but dactylitis only ever a secondary outcome Not enough evidence for etanercept
Values and preferences	Well established values and preferences in light of above as skin improvement and other articular both important trade offs
Costs (resource allocation)	High cost

4. In patients with active PsA-related dactylitis what is the impact of IL12/23 inhibitors on symptoms and adverse events?
   Ustekinumab can be considered as an initial targeted biological therapy or second line therapy in the treatment of refractory of moderate to severe dactylitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Favors desirable effects but MACE events still under examination in prospective cohort studies.
Quality of evidence	High quality RCT
Values and preferences	Probably well positioned in values and preferences but will depend on extent of skin involvement and other musculoskeletal involvement

Costs (resource allocation)	High cost

5. In patients with active PsA-related dactylitis what is the impact of apremilast on symptoms and adverse events?
   Apremilast can be considered as a second line therapy in the treatment of refractory of moderate to severe dactylitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely benefit, low risk of adverse events
Quality of evidence	Low, abstract of pooled data from 3 RCTs
Values and preferences	Not assessed
Costs (resource allocation)	High cost

6. In patients with active PsA-related dactylitis what is the impact of IL17 inhibitors on symptoms and adverse events?
   IL17 inhibitors can be considered as second line therapy in the treatment of refractory of moderate to severe dactylitis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Demonstrated benefit (secukinumab), potential risk of serious adverse events
Quality of evidence	Low, abstract data only from RCT
Values and preferences	Not assessed
Costs (resource allocation)	High cost

Psoriasis

1. In patients with active psoriasis what is the impact of topical therapies on symptoms and adverse events?
   Topical therapies are recommended as the basic approach to treat any psoriasis. It is recommended as the sole therapy for mild disease, and combined with systemic therapies can be used in more active disease. The combination of calcipotriol and betamethasone is considered the gold standard for plaque psoriasis. Exceptions on specific anatomical sites (eg face, genitals) apply.
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Minimal undesirable effects (mild irritation of the skin), short term desirable effects (good clinical efficacy)
Quality of evidence	High quality
Values and preferences	Time consuming, low patient adherence
Costs (resource allocation)	Low costs

2. In patients with active psoriasis what is the impact of conventional disease modifying anti-rheumatic drugs (cDMARDs) on symptoms and adverse events?
   Conventional DMARDs (methotrexate, leflunomide, cyclosporin) are recommended as a first line therapy for psoriasis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Clear desirable effect. Favorable balance between desirable and undesirable effects in psoriasis in the presence or absence of PsA
Quality of evidence	Moderate quality
Values and preferences	Probably well positioned in values and preferences
Costs (resource allocation)	Low cost

3. In patients with active psoriasis what is the impact of TNF inhibitors on symptoms and adverse events?
   TNF inhibitors should be used to treat psoriasis in people who are DMARD naïve or DMARD failures
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Clear desirable effect. Favorable balance between desirable and undesirable effects in psoriasis in the presence or absence of PsA
Quality of evidence	High Quality RCT data for adalimumab, certolizumab, etanercept, golimumab, infliximab
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost.

4. In patients with active psoriasis what is the impact of IL12/23 inhibitor on symptoms and adverse events?
   IL12/23 inhibitors should be used to treat psoriasis in people who are DMARD naïve or DMARD failures
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Clear desirable effect. Favorable balance between desirable and undesirable effects in psoriasis in the presence or absence of PsA
Quality of evidence	High Quality RCT data
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost

5. In patients with active psoriasis what is the impact of IL17 inhibitors on symptoms, disease progression and adverse events?

IL17 inhibitors (brodalumab, ixekizumab, secukinumab) should be used to treat psoriasis in people who are DMARD naïve or DMARD failures.
Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Clear desirable effect. Favorable balance between desirable and undesirable effects in psoriasis in the presence or absence of PsA
Quality of evidence	High Quality RCT data
Values and preferences	well established values and preferences
Costs (resource allocation)	High cost

6. In patients with active psoriasis what is the impact of apremilast on symptoms and adverse events?
   Apremilast should be used to treat psoriasis in people who are DMARD naïve or DMARD failures
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Clear desirable effect. Minimal serious side effects. Favorable balance between desirable and undesirable effects in psoriasis in the presence or absence of PsA
Quality of evidence	High Quality RCT data
Values and preferences	Acceptable to patients, oral drug, no regular monitoring required.
Costs (resource allocation)	High cost

7. In patients with active psoriasis about to start systemic therapy for PsA, should concomitant topicals be used?
   Concomitant topical therapy can usually be limited to emollients and pharmacotherapy of single lesions or sites in limited psoriasis as many systemic treatments for PsA will have a beneficial effect on the skin.
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Minimal undesirable effects (mild irritation of the skin), short term desirable effects (good clinical efficacy)
Quality of evidence	Moderate quality
Values and preferences	Time consuming, low patient adherence
Costs (resource allocation)	Low costs

8. In patients with markedly active psoriasis about to start systemic therapy for PsA, should certain therapies be used in preference?
   In patients with markedly active psoriasis, the following therapies for PsA should be used in preference: methotrexate, cyclosporin, TNFi, IL12/23i, IL17i, apremilast
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	The above-mentioned drugs all exhibit a good safety profile combined with sufficient to excellent efficacy whe used to treat PsA and/or PsO
Quality of evidence	High quality RCTs
Values and preferences	Acceptable to patients, oral drugs may be preferred
Costs (resource allocation)	Low costs (cDMARDs) High costs (TNFi, IL12/23i, IL17i, apremilast)

Nail psoriasis

1. In patients with nail psoriasis what is the impact of topical therapies (calcipotriol, tacrolimus, and tazarotene) on symptoms and adverse events?
   Topical therapies (calcipotriol, tacrolimus, and tazarotene) can be considered for symptom improvement in nail psoriasis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely mild improvement in disease, serious adverse effects are unlikely
Quality of evidence	Lower quality clinical trials
Values and preferences	Acceptable to patients
Costs (resource allocation)	Low cost

2. In patients with nail psoriasis what is the impact of procedural therapies (including pulsed dye laser and intralesional corticosteroids) on symptoms and adverse events?
   Procedural therapies (including pulsed dye laser and intralesional corticosteroids) can be considered for symptom improvement in nail psoriasis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely mild improvement in disease, serious adverse effects are unlikely
Quality of evidence	Lower quality clinical trials
Values and preferences	Poorly tolerated by patients
Costs (resource allocation)	Low cost

3. In patients with active nail psoriasis what is the impact of conventional disease modifying anti-rheumatic drugs (cDMARDs) on symptoms and adverse events?
   cDMARDs (cyclosporine, leflunomide, acitretin and methotrexate) can be considered for the treatment of nail psoriasis
   Strength of recommendation – conditionally recommended

Factor	Comment

Balance between desirable and undesirable effects	Likely mild-to-moderate improvement in disease, serious adverse effects are more likely than topical or procedural options.
Quality of evidence	Lower quality clinical in most, except higher quality RCTs evaluating methotrexate
Values and preferences	Acceptable to patients
Costs (resource allocation)	Low cost

4. In patients with active active nail psoriasis what is the impact of TNF inhibitors on symptoms and adverse events?
   TNF alpha inhibitors are recommended as initial or second line therapy in the treatment of refractory moderate to severe active nail psoriasis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely significant improvement in disease, potential risk for serious adverse effects
Quality of evidence	High quality
Values and preferences	Well accepted by patients
Costs (resource allocation)	High cost

5. In patients with active active nail psoriasis what is the impact of IL12/23 inhibitors on symptoms and adverse events?
   Ustekinumab is recommended as a second line therapy in the treatment of refractory of moderate to severe active nail psoriasis
   Strength of recommendation – strongly recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely significant improvement in disease, potential risk for serious adverse effects
Quality of evidence	High quality
Values and preferences	Well accepted by patients, infrequent dosing
Costs (resource allocation)	High cost

6. In patients with active active nail psoriasis what is the impact of IL17 inhibitors on symptoms and adverse events?
   IL17 inhibitors can be considered as a second line therapy in the treatment of refractory of moderate to severe active nail psoriasis
   Strength of recommendation – conditionally recommended

Factor	Comment
Balance between desirable and undesirable effects	Likely moderate improvement in disease, potential risk for serious adverse effects
Quality of evidence	Single lower quality clinical trial
Values and preferences	Not assessed
Costs (resource allocation)	High cost