



Table S1. Different therapy lines and eligibility criteria to biologic treatment in patients with psoriasis or psoriatic arthritis.

Disease	Therapy Lines			Eligibility Criteria to Biologic Treatment
	I Line	II Line	III Line	
<i>Psoriasis</i>	Mild psoriasis:			
	<p>Topical corticosteroids</p> <ul style="list-style-type: none"> Betamethasone/antibiotics fixed combination Dexamethasone/antibiotics fixed combination <p>Systemic glucocorticoid:</p> <ul style="list-style-type: none"> Dexamethasone i.v. <p>Other drugs used in psoriasis (topic administration):</p> <ul style="list-style-type: none"> Calcipotriol Calcipotriol/Betamethasone fixed combination Calcitriol Tacalcitol Tazarotene Dithranol Methoxsalen 	<p>Psoriasis moderate-severe grade^{11,16}:</p> <p>DMARDs:</p> <ul style="list-style-type: none"> MTX; Cyclosporine (severe psoriasis in patients after failure of conventional therapy or when it was not appropriate) <p>Systemic glucocorticoid:</p> <ul style="list-style-type: none"> Deflazacort <p>Antipsoriatics for systemic use</p> <ul style="list-style-type: none"> Acitretin <p>Other antipsoriatic treatments:</p> <ul style="list-style-type: none"> PUVA 	<p>bDMARDs^{11,16}:</p> <ul style="list-style-type: none"> Secukinumab Ixekizumab Adalimumab (40-80 mg) Infliximab Certolizumab Etanercept Ustekinumab Brodalumab Risankizumab Tildrakizumab Guselkumab <p>tsDMARDs^{11,16}:</p> <ul style="list-style-type: none"> Apremilast 	<ul style="list-style-type: none"> Inadequate response, contraindications or intolerance to other systemic treatments (e.g. cyclosporine, MTX or PUVA) (Infliximab, Etanercept, Ustekinumab) Adult patients with moderate or severe plaque psoriasis who were candidates for systemic therapy (Secukinumab, Ixekizumab, Adalimumab) Comorbidities that could be treated with the same drug (e.g. psoriatic arthritis, Crohn's disease, ulcerative colitis, uveitis)¹¹
<i>Psoriatic arthritis</i>	<p>csDMARDs:</p> <ul style="list-style-type: none"> Leflunomide¹⁶ MTX¹⁶ Sulfasalazine and Cyclosporine (according to guidelines, but with no indication for psoriatic arthritis in SmPCs^{16,39}) 	<p>bDMARDs¹⁶:</p> <ul style="list-style-type: none"> Abatacept Adalimumab (40 mg) Certolizumab pegol Etanercept Golimumab Infliximab 	<p>tsDMARDs^{16,40}:</p> <ul style="list-style-type: none"> Apremilast monotherapy or + csDMARDs, in adult patients who have had an inadequate response or who have been intolerant 	<ul style="list-style-type: none"> Failure or inadequate response at least to a csDMARDs as monotherapy or as fixed combination for 3 months^{39,41} (bDMARD as monotherapy or +MTX)¹⁶

NSAIDs ⁴⁰	<ul style="list-style-type: none"> • Ixekizumab • Secukinumab • Ustekinumab 	to a prior DMARD therapy	<ul style="list-style-type: none"> • Patients for whom additional systemic therapy for psoriatic skin lesions is not required (Abatacept)
Glucocorticoids¹⁶: <ul style="list-style-type: none"> • Deflazacort • Dexamethasone (additional therapy for a short period of time as relief of an acute episode or exacerbation)	<ul style="list-style-type: none"> • Methylprednisolone acetate (suspension for injection) 		Severe active disease (≥5 swollen joints and high inflammatory indexes) and aggressive (e.g. anatomical joint damage) ³⁹

Legend: bDMARDs: Biological Disease Modifying Anti-rheumatic Drugs; csDMARDs: Conventional Synthetic Disease Modifying Anti-rheumatic Drugs; MTX: methotrexate; NSAIDs: Non-steroidal anti-inflammatory drugs; NYHA: New York Heart Association; PUVA: psoralen and ultraviolet A; SmPCs : summary of product characteristics; tsDMARDs: Targeted Synthetic Disease Modifying Anti-rheumatic Drugs.