Supplementary Table 3: Compilation of systemic treatments in nail psoriasis.

Molecule	Reference	Dose	Target	Side effects	Efficacy	Level of evidence
MTX	Warren RB et al. [54]	Once weekly s.c. injections of 17.5 mg MTX (52 weeks)	Dihydrofolate reductase inhibitor	Nasopharyngitis, headache, gastrointestinal disorders, and hepatic enzyme increase	At Week 16, there were no significant changes in NAPSI scores between the MTX group and the placebo group. Total nail clearance was achieved by 5% of patients in the MTX group compared to 0% in the placebo group at Week 16, and 14% achieved clearance at Week 52.	Multicentre, randomised, double-blind, placebo-controlled, Phase III trial
MTX	Gümüşel et al.[55]	15 mg/week s.c. for 3 months, then 10 mg/week s.c. for 3 months	Dihydrofolate reductase inhibitor	Elevation of liver transaminase	The mean percentage reduction in the NAPSI score after MTX treatments was 43.3%. After 24 weeks of treatment, the mean percentage reductions in the NAPSI score for the hand and foot were 49.3% and 43.1%, respectively.	Prospective RCT
Ciclosporin	Gümüşel M et al.[55]	5 mg/kg/day for 3 months, then 2.5–3.5 mg/kg/day for 3 months	Calcineurin inhibitor	Elevation in serum creatinine and lipids, hypercholesterolaemia, hirsutism, and menstrual abnormalities	The mean percentage of reduction of the NAPSI score after ciclosporin treatment was 37.2%	Prospective RCT
Ciclosporin	Karanikolas GN et al.[56]	Ciclosporin monotherapy: average dose of 3.24 mg/kg/day Combination therapy (ciclosporin +	Calcineurin inhibitor	Atrial fibrillation (1.75%), Uncontrolled hypertension (1.75%), Persistent erectile dysfunction (1.75%), Increased liver enzymes (ALT or AST: ≥3 ×	44% of patients treated with ciclosporin showed more than 50% improvement in nail	Prospective, non-randomised, unblinded clinical trial

		adalimumab) 1.92 mg/kg/day (12 months)		upper limit of normal; 5%), Increased serum creatinine (23%)	psoriasis severity after 12 months	
Acitretine	Tosti A et al.[59]	Low-dose acitretin (0.2–0.3 mg/kg/day) for 6 months	Oral retinoic acid	Severe dryness of the periungual skin and multiple pyogenic granulomas (2.8%)	Reduction of 41% in the NAPSI score and almost complete clearing of the nail lesions in nine patients (25%), moderate improvement in nine (25%), mild improvement in 12 (33%), and no improvement in six (11%) at 6 months.	Open-label, single-arm, prospective, interventional study
Acitretin	Krajewska-Włodarczyk M et al.[60]	0.6–0.8 mg/kg biweekly for 6 months	Oral retinoic acid	Not mentioned	After 6 months of treatment, there was a reduction in the thickness of the nail bed and nail matrix.	Prospective, observational study
Acitretin	Ricceri F et al.[61]	25 mg/day of acitretin for 6 months	Oral retinoic acid	Cheilitis	Marked improvement after 2 months. Stable and satisfactory improvement after 6 months.	Case report
Alitretinoin	Reich K et al.[62]	30 mg once daily for 24 weeks	Oral retinoic acid	Headache, flushing, dry skin, elevated serum LDL-cholesterol and triglycerides, as well as elevated serum aminotransferases	The changes from baseline in the NAPSI score were similar for the alitretinoin and placebo groups at Weeks 12 and 24.	A Phase II randomised, double-blind, placebo-controlled, multicentre study

Apremilast	Papp K et al.[64]	30 mg twice daily for 52 weeks	Oral PDE4 inhibitor	Diarrhoea and headache	Week 16: 22.5% improvement in the NAPSI scores. Week 32: 43.6% improvement in NAPSI scores. Week 52: 60.2% improvement in NAPSI scores.	A Phase III, multicentre, randomised, double-blind, placebo-controlled study
Apremilast	Paul C et al.[65]	30 mg twice daily for 52 weeks	Oral PDE4 inhibitor	Nausea, diarrhoea, nasopharyngitis, and upper respiratory tract infection	Mean percent change in NAPSI score of −29.0% at Week 16.	A Phase III, randomised, double-blind, placebo-controlled study
Apremilast	Reich K et al.[66]	30 mg twice daily orally (treatment continued for 104 weeks)	Oral PDE4 inhibitor	Diarrhoea, nausea, nasopharyngitis, upper respiratory tract infection, and headache	Significant improvement in nail psoriasis.	A phase III, randomised, double-blind, placebo-controlled trial
Tofacitinib	Merola JF et al.[67]	5 mg or 10 mg twice daily for 52 weeks	Oral JAK 1/2/3 and TYK2 inhibitor	Nasopharyngitis Herpes zoster (0.81%)	At Week 16, significantly more patients on tofacitinib achieved ≥50% (NAPSI: 50), ≥75% (NAPSI: 75), and complete (NAPSI: 100) reductions in NAPSI score compared to placebo.	A Phase III, randomised, double-blind, placebo-controlled, parallel-group study

Tofacitinib	Zhang J et al.[68]	5 mg or 10 mg twice daily for 52 weeks	Oral JAK 1/2/3 and TYK2 inhibitor	Upper respiratory tract infections, nasopharyngitis, hyperlipidaemia, increased cholesterol, two cases of adenocarcinoma (one death; 1.2%), and herpes zoster (6.43%)	Tofacitinib 10 mg twice daily showed significant improvement in NAPSI at Week 16. Tofacitinib 5 mg twice daily was not effective at Week 16	A Phase III, randomised, double-blind, placebo-controlled, parallel-group study
Tofacitinib	Asahina A et al.[117]	5 mg or 10 mg twice daily for 52 weeks	Oral JAK 1/2/3 and TYK2 inhibitor	Nasopharyngitis, upper respiratory tract infections, arthralgia, and increased blood creatine phosphokinase levels. No reports of malignancies, cardiovascular events, or death	After 16 weeks of treatment, there were no significant differences in the reduction of NAPSI scores between the tofacitinib 5 mg twice daily and 10 mg twice daily groups. Both doses of tofacitinib showed substantial improvements in nail psoriasis severity	Randomised, double-blind, Phase III clinical trial
Updacitinib	Wang N et al.[118]	15 mg once daily for 5 months	Oral highly selective JAK1 inhibitor	No adverse events	Resolution of nail psoriasis at Week 20.	Case report
Updacitinib	Werner SG et al.[69]	15 mg or 30 mg/day for 24 weeks (planned total duration: 48 weeks)	Oral highly selective JAK1 inhibitor	Infections (not opportunistic; 15.3%), gastrointestinal disorders (8.3%), skin disorders (6.3%), weight gain (1.6%), and abnormal liver function (1.7%) No malignancies, major adverse cardiovascular events, or venous thromboembolism	Nail psoriasis was present in 22.0% of patients at the start and dropped to 5.7% by Week 24.	International, prospective, open-label, observational, multicentre study

Deucravacitinib	Okubo Y et al.[70]	6 mg orally once daily for 52 weeks	Selective TYK2 inhibitor	Nasopharyngitis, acne, periodontitis, and upper respiratory tract infection Four patients (6.3%) developed COVID-19, pneumonia, normal pressure hydrocephalus, and asthma	Nail psoriasis showed clear improvement by Week 16 with continued progress through Week 52.	Single-arm, open-label, Phase III trial
Deucravacitinib	Hagino T et al.[71]	6 mg orally once daily for 52 weeks	Selective TYK2 inhibitor	No severe or lethal adverse events	Significant reduction in nail psoriasis severity over 52 weeks.	Prospective, single-centre trial
Deucravacitinib	Wang J.[72]	6 mg orally once daily for 2 months	Selective TYK2 inhibitor	Multiple oral ulcers, generalised pruritus, and annular urticarial plaque	Substantial improvement in the nail condition after 2 months.	Case report
Deucravacitinib	Hagino T et al.[119]	6 mg orally once daily for 24 weeks	Selective TYK2 inhibitor	No serious adverse events or deaths	43% of patients had clear/almost clear nails at Week 24.	Retrospective, real-world study

ALT: alanine transaminase; AST: aspartate aminotransferase; JAK: Janus kinase; LDL: low density lipoprotein; MTX: methotrexate; NAPSI: nail psoriasis severity index; PDE4: phosphodiesterase-4 inhibitor; s.c.: subcutaneous; TYK2: tyrosine kinase 2.