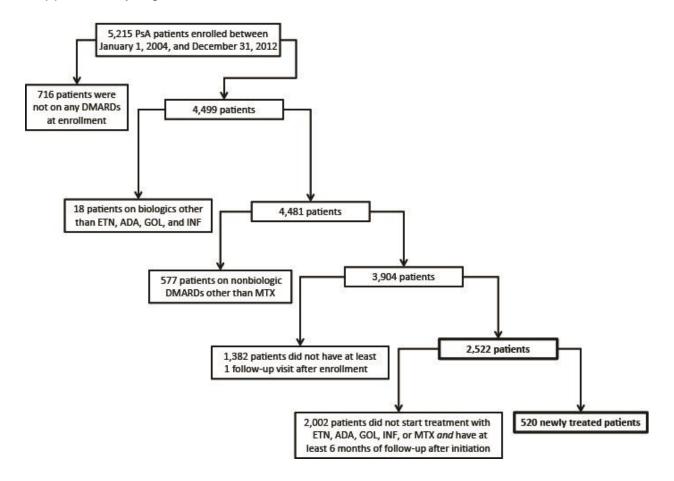
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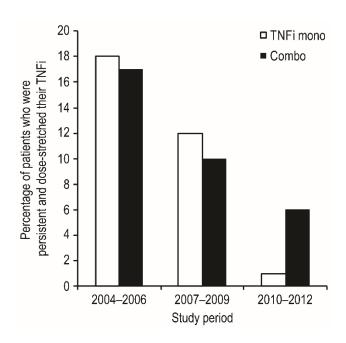
Supplementary Figure 1.



Patient attrition. The flow of patients from enrollment in the Corrona registry to study initiation. PsA: psoriatic arthritis; DMARD: disease-modifying antirheumatic drug; ETN: etanercept; ADA: adalimumab; GOL: golimumab; INF: infliximab; MTX: methotrexate.

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Supplementary Figure 2.



Percentage of patients with index TNFi monotherapy and combination therapy who were persistent for at least 12 months and dose-stretched. Patients dose-stretched if they reduced their TNFi dose: adalimumab < 40 mg every other week or < 80 mg monthly; etanercept < 50 mg weekly or < 200 mg monthly; golimumab < 50 mg monthly SC injection (if patients start at 100 mg monthly, they can reduce to 50 mg monthly; if patients start at 50 mg, they can reduce to 50 mg every 8 weeks or 25 mg monthly); infliximab reduction estimated from their starting dose of 3–10 mg/kg every 4–8 weeks, with an induction dose at weeks 0, 2, and 6. Patients receiving combination therapy could only dose-stretch their TNFi; MTX dose was not considered. TNFi: tumor necrosis factor inhibitor; mono: monotherapy; combo: combination; SC: subcutaneous; MTX: methotrexate.

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Supplementary Table 1. Percentage of patients who were persistent on index therapy for at least 18 months.

	2004–2006			2007–2009			2010–2012		
		No.	Time Taking		No.	Time Taking		No.	Time taking
	Total	Persistent	Drug [†] , mos	Total	Persistent	Drug [†] , mos	Total	Persistent	Drug [†] , mos
Index Therapy	Pts, N	Pts*, n (%)	(SD)	Pts, N	Pts*, n (%)	(SD)	Pts, N	Pts*, n (%)	(SD)
TNFi monotherapy	51	32 (63)	50.0 (19.7)	69	35 (51)	37.9 (14.0)	70	18 (26)	25.5 (4.3)
MTX monotherapy	36	15 (42)	51.5 (25.1)	83	36 (43)	35.8 (11.7)	98	15 (15)	22.1 (3.8)
Combination	23	10 (43)	52.4 (26.0)	40	20 (50)	36.4 (10.8)	50	10 (20)	26.2 (4.1)
therapy									

^{*} Persistence was measured at 18 months. † Time taking drug in persistent patients was measured throughout the duration of the entire study. TNFi: tumor necrosis factor inhibitor; MTX: methotrexate.