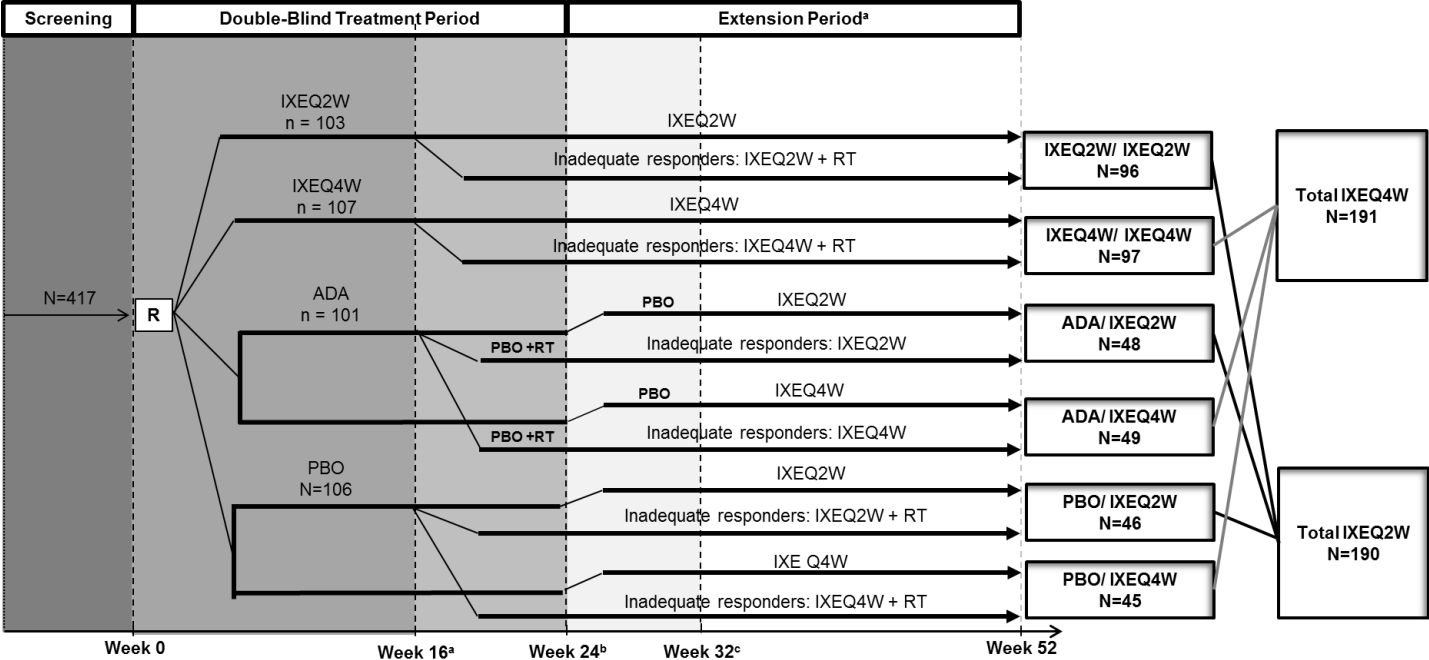


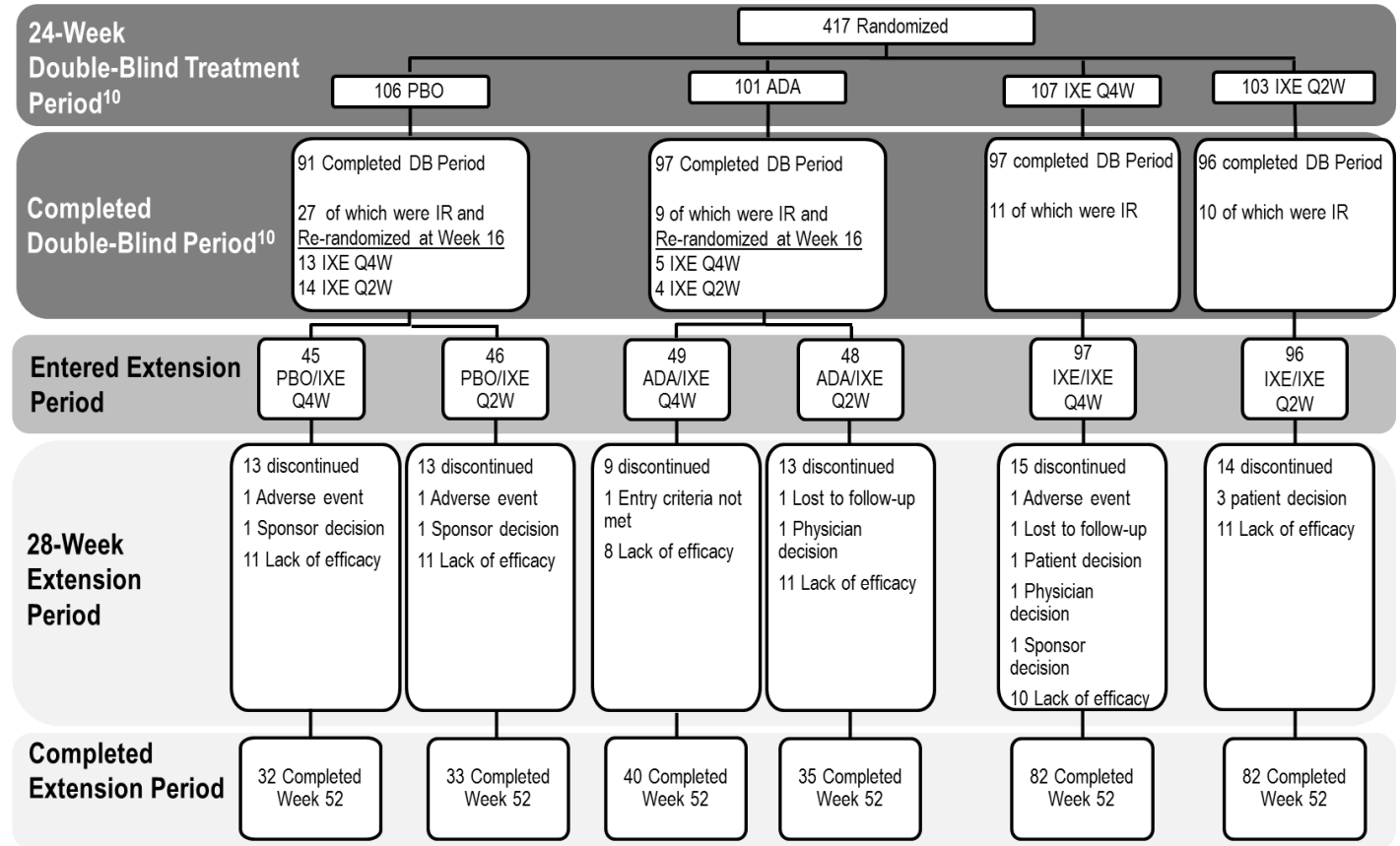
ONLINE SUPPLEMENTARY MATERIAL

Supplementary Figure 1a.



All patients received 3 injections at the Week 16 and Week 24 time points to maintain the blind. Inadequate responders (IRs) were defined by blinded tender joint and swollen joint count criteria. <sup>a</sup>At Week 16, all IRs received rescue therapy (RT; modifications to background therapy). Placebo IRs were re-randomized to IXEQ2W or IXEQ4W and received a 160-mg ixekizumab starting dose in addition to RT at Week 16. Adalimumab IRs were re-randomized to IXEQ4W or IXEQ2W, but first received RT plus placebo washout for 8 weeks followed by a starting dose of 160-mg ixekizumab at Week 24. <sup>b</sup>At Week 24, patients in the placebo group, who were not IRs at Week 16, were re-randomized to IXEQ2W or IXEQ4W and received 160-mg ixekizumab starting dose. Patients in the adalimumab group, who were not IRs at Week 16, were re-randomized to IXEQ2W or IXEQ4W, but first received placebo washout for 8 weeks before starting assigned ixekizumab dose at Week 32. <sup>c</sup>IRs in the extension period were discontinued from the study starting at Week 32 and any subsequent visit for the remainder of the study.

**Supplementary Figure 1b.**



Disposition of patients through the extension period of this Phase 3 study. Detailed data from the double-blind period have been published elsewhere.<sup>10</sup> Patients who completed the double-blind period and who entered the extension period of this Phase 3 study are included in this report.