American College of Rheumatology 20 (ACR20) response rate in patients with PsA who were randomized to 3 months of treatment with either placebo or a JAK inhibitor

	Placebo (n=105)	Tofacitinib, 5 mg (n=107)*	Tofacitinib, 10 mg (n=104)**
Response rate (%)	33	50	61

*P=0.01 vs placebo; **P<0.001 vs placebo

Mease P et al. *N Engl J Med*. 2017;377:1537-1550.

American College of Rheumatology 20 (ACR20) response in patients with PsA who were randomized to 24 weeks of treatment with either the conventional synthetic DMARD methotrexate or a TNF inhibitor

	Methotrexate	TNF Inhibitor	*P* Value
Overall response number/total (%)	144/284 (51)	173/284 (61)	0.029

Mease P et al. *Arthritis Rheum*. 2019;71:1112-1124.

Effect on 28-joint Disease Activity Score (DAS28) score after 6 months of treatment with the conventional synthetic DMARD methotrexate among patients already taking a TNF inhibitor for psoriatic arthritis

Note: The lower the score, the greater the improvement

Pre-Methotrexate Addition	Post-Methotrexate Addition	*P* Value
3.36	3.24	0.47

Behrens F et al. *Scand J Rheum*. 2019;48(5):375-382.

Incidence of herpes zoster among patients with PsA taking various DMARDs

DMARD Type	Adjusted Incidence Rate Ratio
Conventional synthetic DMARD	Reference
None	0.75
Apremilast	0.87
TNF inhibitor	1.13

Hagberg KW et al. *Clin Epidemiol*. 2020;12:153-161.

Incidence of herpes zoster among patients with PsA taking various DMARDs

DMARD	Incidence Rate per 100 Person-Years
Tofacitinib (JAK inhibitor), 5 mg	2.0
Tofacitinib (JAK inhibitor), 10 mg	2.7
TNF inhibitor	1.2
Apremilast (PDE-4 inhibitor)	1.3

Burmester GR et al. *Drug Safety*. 2020;43:379-392.

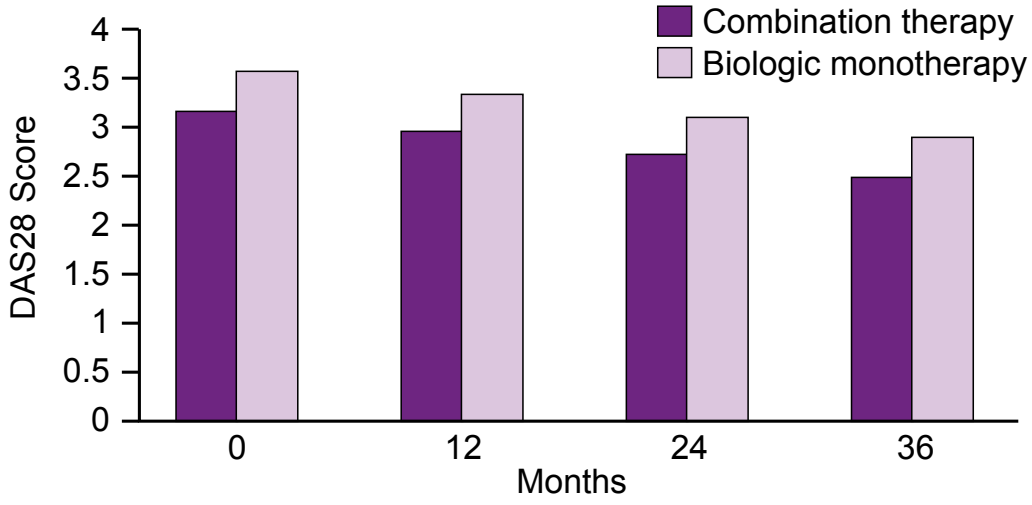
Percent of methotrexate-naïve patients with RA who displayed an American College of Rheumatology 20 (ACR20) response after being randomized to 52 weeks of treatment with either the conventional synthetic DMARD methotrexate or a TNF inhibitor

Methotrexate (n=228)	TNF Inhibitor (n=223)	*P* Value
75%	76%	Not significant

Klareskog L et al. *Lancet*. 2004;363):675-681.

28-Joint Disease Activity Score (DAS-28) among 330 patients with RA receiving either monotherapy with a biologic DMARD or combination therapy consisting of a biologic DMARD and methotrexate

Notes: A lower score indicates less disease activity; roughly half of all patients were taking methotrexate at baseline



Boone N et al. *RMD Open*. 2019;5:e000836.

Percent of patients with a history of inadequate response or intolerance to biologic DMARDs who achieved low disease activity 12 weeks after being randomized to treatment with either placebo or a JAK inhibitor

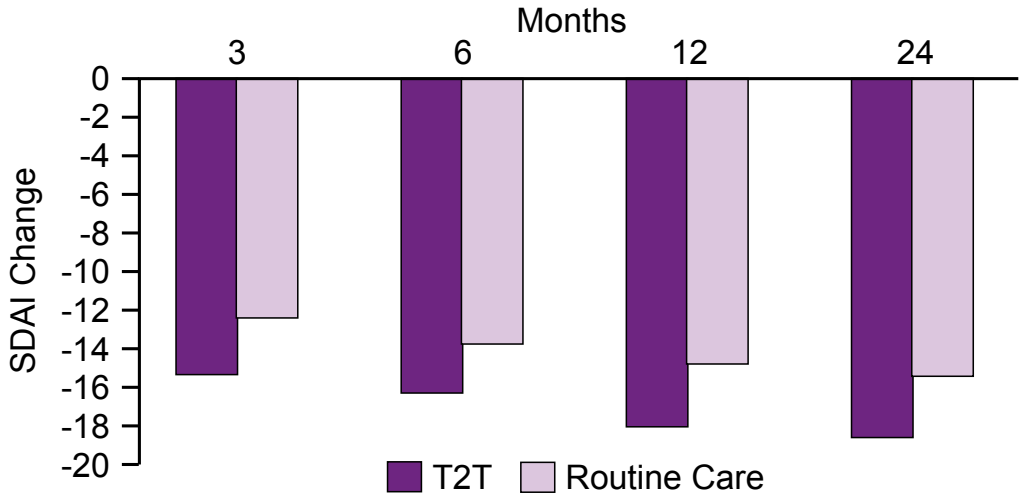
In this table, low disease activity is defined as a 28-joint disease activity score (DAS-28) with C-reactive protein of ≤3.2

Placebo (n=169)	JAK Inhibitor, 15 mg (n=165)	JAK Inhibitor, 30 mg (n=165)
14%	43%*	42%*

**P*=<0.0001 compared to placebo

Genovese MC et al. *Lancet*. 2018;391:2513-2524.

Mean change from baseline in the Simple Disease Activity Index (SDAI) for patients who received either treat-to-target or routine care. Treat-to-target patients received monthly assessments until the treatment target was reached.



Brinkmann et al. *Seminar Arthritis Rheum*. 2019;48:808-814.

Mean 28-joint disease activity score (DAS-28) at 12 months for patients with RA who failed to respond to a TNF inhibitor and were then randomized to a second biologic, either an anti-CD80/86 antibody, anti-CD20 antibody, or another TNF inhibitor. Scores of ≤3.2 indicate low disease activity and <2.6 indicate remission.

	Anti-CD80/86 Antibody (n=43)	Anti-CD20 Antibody (n=46)	Another TNF Inhibitor (n=50)
Mean DAS-28 score	3.8	3.4	3.5

Manders et al. *Arthritis Res Ther*. 2015;17:134.