SUPPLEMENTAL RESULTS

Rescue Medication Use

The number of subjects receiving any rescue medication for hand pain from day 1 through week 16 was similar in the placebo (44/67 [66%]) and lutikizumab (46/64 [72%], *P*=0.46) groups, as was the LS mean total daily dose of acetaminophen (placebo, 658 mg/d, n=40; lutikizumab, 870 mg/d, n=45; *P*=0.14). The average daily acetaminophen rescue dose from week 16 through week 26 did not differ between the placebo group (735 mg/d, n=25) and the lutikizumab group (765 mg/d, n=27; *P*=0.89). Also, the average daily ibuprofen rescue dose from week 16 through week 26 did not differ between the placebo group (265 mg/d, n=13) and the lutikizumab group (349 mg/d, n=14; *P*=0.49).

In a post hoc analysis, there was no significant impact of disease symptom flares due to discontinuing NSAID use during the screening (washout) period prior to enrollment and randomization on the primary endpoint of change from baseline to 16 weeks in AUSCAN pain. In this analysis, AUSCAN pain change from baseline to week 16 was similar between lutikizumab and placebo among subjects that were not using NSAIDs at the time of screening (least squares [LS] mean difference [95% CI], –0.40 [−4.75 to 3.95]) and among subjects using NSAIDs at the time of screening (LS mean difference [95% CI], 4.65 [−1.44 to 10.74]). However, among subjects treated with lutikizumab, the primary endpoint magnitude was numerically but not statistically greater among subjects that were not using NSAIDs at the time of screening compared with subjects using NSAIDs at the time of screening (LS mean within-group changes [95% CI], −10.38 [−15.16 to −5.59] vs –1.91 [−7.23 to 3.41]; 2-sided *P*=0.11).