

Supplemental Table 1. Number of patients adding open-label DMARDs (first or second)

Added open-label DMARDs (first or second), n	Add-on N=277		Switch N=276	
	Week 24- week 35	Week 36- week 52	Week 24- week 35	Week 36- week 52
Azathioprine	0	1	3	1
Chloroquine	7	1	9	1
Gold	0	0	0	0
Hydroxychloroquine	34	9	31	9
Leflunomide	6	4	15	2
Sulfasalazine	27	8	32	7

DMARD, disease-modifying anti-rheumatic drug.

Supplemental Table 2. Risk mitigation strategy for elevated liver enzymes

Lab Value	Action
>1 to 3 × ULN	<ul style="list-style-type: none">• Dose modify concomitant DMARDs if appropriate• For persistent increases in this range, reduce tocilizumab dose to 4 mg/kg or interrupt tocilizumab until ALT/AST have normalised• Restart with 4 mg/kg or 8 mg/kg, as clinically appropriate
>3 to 5 × ULN	<ul style="list-style-type: none">• Interrupt tocilizumab dosing until <3x ULN and follow recommendations above for >1 to 3x ULN• For persistent increases >3x ULN, discontinue tocilizumab
>5 × ULN	<ul style="list-style-type: none">• Discontinue tocilizumab