

**Supplementary Table 3.** Influence of shortage/expected shortage of tocilizumab on treatment decisions in rheumatoid arthritis (RA) and giant cell arteritis (GCA) in Italy and Spain

<b>Influenced decision to start tocilizumab de novo</b>					
<i>Rheumatoid arthritis</i>			<i>Giant cell arteritis</i>		
	Italy n=98*	Spain n=72*		Italy n=82*	Spain n=63*
No influence	59 (60%)	38 (53%)	No influence	71 (87%)	43 (68%)
Preference of another bDMARD/tsDMARD	28 (29%)	29 (40%)	Preference of MTX or other csDMARD	7 (9%)	9 (14%)
Postponement of treatment with TCZ	11 (11%)	5 (7%)	Postponement of treatment with TCZ	4 (5%)	5 (8%)
			Sarilumab used off-label	0	6 (10%)
<b>Influenced decision to modify treatment with tocilizumab in patients with stable disease</b>					
<i>Rheumatoid arthritis</i>			<i>Giant cell arteritis</i>		
	Italy n=121*	Spain n=83*		Italy n=89*	Spain n=70*
No influence	44 (36%)	23 (28%)	No influence	70 (79%)	38 (54%)
Switch of i.v. to s.c. TCZ	54 (45%)	46 (55%)	Switch of i.v. to s.c. TCZ	15 (17%)	25 (36%)
Prolongation of administration interval	11 (9%)	7 (8%)	Prolongation of administration interval	3 (3%)	5 (7%)
Change of TCZ to another DMARD	3 (3%)	0	Change of TCZ to another DMARD	1 (1%)	1 (1%)
Change of TCZ to sarilumab	9 (7%)	7 (8%)	Stopped treatment with TCZ	0	1 (1%)

\* total number of answers to this question.

DMARD, disease modifying anti-rheumatic drug; b, biological; cs, conventional synthetic; i.v., intravenous; MTX; methotrexate; s.c., subcutaneous; ts, targeted synthetic TCZ, tocilizumab.