Supplementary material

On-label treatment persistence through 24 months among patients with active psoriatic arthritis initiating guselkumab or subcutaneous tumor necrosis factor inhibitors

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Supplementary Table S1. Baseline demographic and clinical characteristics among biologic-naïve patients

Mean ± SD [median] or n (%)	Guselkumab N=361	SC TNFi N=2,171	Std. Diff., %	Guselkumab weighted[a,b] N=361	SC TNFi weighted[a,b] N=2,171	Std. Diff., %
Age at the beginning of continuous insurance eligibility (years)	45.5 ± 11.8 [46.8]	44.0 ± 11.4 [45.2]	12.8	44.7 ± 11.7 [46.3]	44.7 ± 11.4 [46.1]	0.0
Age at index date (years)	49.5 ± 11.6 [50.9]	48.3 ± 11.4 [49.3]	10.5	48.8 ± 11.6 [50.1]	49.0 ± 11.6 [50.6]	1.6
Female	216 (59.8)	1,291 (59.5)	0.8	217 (60.2)	1,307 (60.2)	0.0
Region of residence at index date						
South	174 (48.2)	954 (43.9)	8.5	174 (48.2)	1,046 (48.2)	0.0
Midwest	88 (24.4)	546 (25.1)	1.8	91 (25.1)	544 (25.1)	0.0
Northeast	63 (17.5)	372 (17.1)	0.8	59 (16.4)	355 (16.4)	0.0
West or unknown	36 (10.0)	299 (13.8)	11.8	37 (10.4)	225 (10.4)	0.0
Insurance type at index date						
Preferred provider organization	282 (78.1)	1,629 (75.0)	7.3	280 (77.5)	1,687 (77.7)	0.4
Health maintenance organization	33 (9.1)	285 (13.1)	12.7	36 (10.0)	218 (10.0)	0.0
Other[c]	46 (12.7)	257 (11.8)	2.7	45 (12.5)	267 (12.3)	0.6
Medicare advantage enrollment	<11 (<3.0)[d]	30 (1.4)	8.1	<11 (<3.0)[d]	38 (1.8)	1.1
Relationship of patient to primary beneficiary						
Self	215 (59.6)	1,319 (60.8)	2.4	215 (59.7)	1,350 (62.2)	5.2
Spouse or child	93 (25.8)	498 (22.9)	6.6	94 (25.8)	493 (22.7)	7.7
Unknown	53 (14.7)	354 (16.3)	4.5	52 (14.5)	328 (15.1)	1.9
Year of index date						
2020	37 (10.2)	363 (16.7)	19.0	40 (11.1)	242 (11.1)	0.0
2021	137 (38.0)	990 (45.6)	15.6	144 (39.9)	866 (39.9)	0.0
2022	187 (51.8)	818 (37.7)	28.7	177 (49.0)	1,063 (49.0)	0.0
Time between latest observed PsA diagnosis to index date (months)[e]	1.5 ± 1.7 [0.8]	0.9 ± 1.2 [0.6]	36.5	1.3 ± 1.5 [0.8]	1.3 ± 1.7 [0.7]	0.0
Quan-CCI	0.6 ± 1.3 [0.0]	0.5 ± 1.1 [0.0]	7.3	0.6 ± 1.3 [0.0]	0.5 ± 1.2 [0.0]	3.2
PsA-related comorbidities						
Hyperlipidemia	137 (38.0)	680 (31.3)	14.0	126 (35.0)	759 (35.0)	0.0
Osteoarthritis	99 (27.4)	800 (36.8)	20.3	106 (29.4)	639 (29.4)	0.0
Fibromyalgia	13 (3.6)	137 (6.3)	12.5	14 (3.8)	83 (3.8)	0.0
Psoriasis	330 (91.4)	1,456 (67.1)	62.9	322 (89.3)	1,939 (89.3)	0.0
Any prior PsA treatment	170 (47.1)	1,364 (62.8)	32.0	183 (50.6)	1,098 (50.6)	0.0
csDMARDs[f]	80 (22.2)	1,101 (50.7)	62.1	92 (25.5)	762 (35.1)	21.0
tsDMARDs[g]	111 (30.7)	428 (19.7)	25.6	114 (31.7)	492 (22.6)	20.4

JAK inhibitors[h]	13 (3.6)	36 (1.7)	12.2	12 (3.5)	75 (3.5)	0.0
Prior NSAID use	136 (37.7)	1,035 (47.7)	20.3	144 (39.8)	864 (39.8)	0.0
Prior topical corticosteroid use	208 (57.6)	884 (40.7)	34.3	197 (54.6)	1,185 (54.6)	0.0
Prior systemic (oral/IV) corticosteroid use	125 (34.6)	1,036 (47.7)	26.8	133 (36.9)	801 (36.9)	0.0
Prior opioid use	103 (28.5)	567 (26.1)	5.4	100 (27.8)	603 (27.8)	0.0
All-cause pharmacy costs[i]	9,877 ± 14,917 [1,138]	6,777 ± 17,797 [579]	18.9	9,734 ± 14,677 [1,162]	9,734 ± 36,806 [622]	0.0
PsA-related pharmacy and medical costs[i-k]	646 ± 2,008 [313]	1,353 ± 4,937 [539]	18.8	713 ± 2,257 [341]	713 ± 1,378 [430]	0.0
PsA-related pharmacy costs	30 ± 93 [0]	96 ± 367 [0]	24.9	35 ± 103 [0]	35 ± 89 [0]	0.0
PsA-related medical costs	616 ± 1,998 [291]	1,257 ± 4,925 [458]	17.1	678 ± 2,246 [303]	678 ± 1,370 [397]	0.0

CCI= Charlson comorbidity index; csDMARD= conventional synthetic disease-modifying antirheumatic drug; ICD-10-CM= International Classification of Disease, Tenth Revision, Clinical Modification; IV= intravenous; JAK= Janus kinase; NSAID= nonsteroidal anti-inflammatory drug; PS= propensity score; PsA= psoriatic arthritis; SC= subcutaneous; SD= standard deviation; Std. Diff.= standardized difference; TNFi= tumor necrosis factor inhibitor; tsDMARD= targeted synthetic disease-modifying antirheumatic drug.

[a]To balance potential confounders between the 2 cohorts, overlap PS weighting was used. PSs were generated using probability estimates from a logistic regression model in which guselkumab treatment (yes/no) was the dependent variable and baseline demographic and clinical characteristics were the independent variables. Each patient was attributed a weight that was defined as the probability of that patient being assigned to the opposite treatment group; for the guselkumab cohort, the weight was assigned as 1-PS, and for the SC TNFi cohort, the weight was assigned as PS. Weights were normalized using the mean of weights in each individual cohort (i.e., Hajek estimator). Baseline covariates included all characteristics reported in this table with the exception of csDMARDs and tsDMARDs which were included in the adjusted Cox proportional hazards models.

[b]Of note, the number of patients reported in this weighted population represents the sum of weights for the corresponding non-weighted patients, rounded to the nearest integer. The proportions displayed were calculated prior to the rounding and may be slightly different than if they were calculated based on rounded numbers.

[c]Point-of-service, consumer directed health care, indemnity/traditional, and unknown plan type.

[d]Due to data privacy policy, cells were modified to report n<11.

[e]Included PsA diagnoses on the index date.

[f]Methotrexate, leflunomide, azathioprine, mycophenolate, cyclosporine.

[g]Apremilast and JAK inhibitors (tofacitinib, upadacitinib, baricitinib).

[h]Tofacitinib, upadacitinib, baricitinib.

[i]Healthcare costs are reported per patient per year from a private payer's perspective in 2023 US dollars, adjusted for inflation using the US Consumer Price Index.

[j]PsA-related costs were identified using ICD-10-CM codes: L40.5x.

[k]PsA-related pharmacy costs included costs for bDMARDs, csDMARDs, and tsDMARDs.

Supplementary Table S2. Baseline demographic and clinical characteristics among biologic-experienced patients

Mean ± SD [median] or n (%)	Guselkumab N=443	SC TNFi N=319	Std. Diff., %	Guselkumab weighted[a,b] N=443	SC TNFi weighted[a,b] N=319	Std. Diff., %
Age at the beginning of continuous insurance eligibility (years)	46.9 ± 11.0 [47.9]	44.6 ± 11.5 [45.5]	20.8	45.6 ± 10.8 [45.5]	45.6 ± 10.7 [46.9]	0.0
Age at index date (years)	50.8 ± 10.9 [51.5]	48.5 ± 11.4 [49.6]	20.6	49.5 ± 10.9 [50.2]	49.5 ± 10.6 [50.8]	0.2
Female	271 (61.2)	205 (64.3)	6.4	276 (62.3)	199 (62.3)	0.0
Region of residence at index date						
South	251 (56.7)	159 (49.8)	13.7	233 (52.5)	168 (52.5)	0.0
Midwest	87 (19.6)	68 (21.3)	4.2	92 (20.8)	66 (20.8)	0.0
Northeast	61 (13.8)	57 (17.9)	11.2	73 (16.6)	53 (16.6)	0.0
West or unknown	44 (9.9)	35 (11.0)	3.4	45 (10.1)	32 (10.1)	0.0
Insurance type at index date						
Preferred provider organization	334 (75.4)	217 (68.0)	16.4	322 (72.7)	232 (72.7)	0.0
Health maintenance organization	67 (15.1)	59 (18.5)	9.0	72 (16.2)	52 (16.4)	0.5
Other[c]	42 (9.5)	43 (13.5)	12.6	49 (11.1)	35 (10.9)	0.3
Medicare advantage enrollment	15 (3.4)	<11 (<3.4)[d]	7.2	11 (2.5)	<11 (<3.4)[d]	0.0
Relationship of patient to primary beneficiary						
Self	256 (57.8)	167 (52.4)	10.9	245 (55.2)	176 (55.2)	0.0
Spouse or child	98 (22.1)	69 (21.6)	1.2	104 (23.4)	68 (21.3)	4.9
Unknown	89 (20.1)	83 (26.0)	14.1	94 (21.4)	75 (23.5)	5.5
Year of index date						
2020	51 (11.5)	63 (19.7)	22.8	62 (14.0)	45 (14.0)	0.0
2021	201 (45.4)	141 (44.2)	2.4	201 (45.4)	145 (45.4)	0.0
2022	191 (43.1)	115 (36.1)	14.5	180 (40.6)	130 (40.6)	0.0
Time between latest observed PsA diagnosis to index date (months)[e]	1.3 ± 1.7 [0.8]	1.0 ± 1.3 [0.6]	23.4	1.1 ± 1.4 [0.7]	1.1 ± 1.5 [0.6]	0.0
Quan-CCI	0.6 ± 1.3 [0.0]	0.5 ± 1.1 [0.0]	7.9	0.6 ± 1.2 [0.0]	0.6 ± 1.2 [0.0]	2.1
PsA-related comorbidities						
Hyperlipidemia	169 (38.1)	100 (31.3)	14.3	147 (33.2)	106 (33.2)	0.0
Depression	76 (17.2)	41 (12.9)	12.1	62 (13.9)	44 (13.9)	0.0
Cardiovascular disease	42 (9.5)	18 (5.6)	14.6	27 (6.2)	20 (6.2)	0.0
Coronary artery disease	33 (7.4)	13 (4.1)	14.5	21 (4.8)	15 (4.8)	0.0
Heart failure and cardiomyopathy	15 (3.4)	<11 (<3.4)[d]	16.9	<11 (<2.5)[d]	<11 (<3.4)[d]	0.0
Cancer	17 (3.8)	15 (4.7)	4.3	19 (4.3)	14 (4.3)	0.0
Drug abuse	<11 (<2.5)[d]	<11 (<3.4)[d]	3.6	<11 (<2.5)[d]	<11 (<3.4)[d]	0.0

Psoriasis	389 (87.8)	250 (78.4)	25.4	367 (83.0)	265 (83.0)	0.0
Prior PsA treatments						
Secukinumab	185 (41.8)	169 (53.0)	22.6	212 (47.8)	152 (47.8)	0.0
Ixekizumab	128 (28.9)	62 (19.4)	22.2	105 (23.7)	76 (23.7)	0.0
Ustekinumab	92 (20.8)	46 (14.4)	16.7	75 (16.9)	54 (16.9)	0.0
SC Risankizumab	22 (5.0)	24 (7.5)	10.6	27 (6.1)	19 (6.1)	0.0
csDMARDs[f]	97 (21.9)	100 (31.3)	21.5	120 (27.0)	86 (27.0)	0.0
tsDMARDs[g]	69 (15.6)	44 (13.8)	5.0	68 (15.4)	49 (15.4)	0.0
Prior antidepressant use	195 (44.0)	118 (37.0)	14.4	179 (40.3)	129 (40.3)	0.0
Prior non-narcotic analgesic use	20 (4.5)	<11 (<3.4)[d]	12.9	12 (2.8)	<11 (<3.4)[d]	0.0
Prior NSAID use	185 (41.8)	151 (47.3)	11.2	201 (45.3)	145 (45.3)	0.0
Prior opioid use	162 (36.6)	88 (27.6)	19.3	132 (29.8)	95 (29.8)	0.0
Continuous opioid treatment[h]	37 (8.4)	13 (4.1)	17.8	24 (5.4)	17 (5.4)	0.0
Number of days with outpatient visits[i]	18.81 ± 15.38 [15.00]	19.62 ± 15.76 [15.00]	5.2	18.47 ± 15.63 [15.00]	18.47 ± 14.38 [14.00]	0.0
Number of days with PsA-related outpatient visits[i,j]	4.69 ± 2.64 [4.00]	5.28 ± 3.05 [5.00]	20.7	4.99 ± 2.81 [4.00]	4.99 ± 3.03 [4.00]	0.0
All-cause pharmacy costs[k]	48,632 ± 30,822 [48,920]	44,630 ± 28,932 [45,035]	13.4	45,750 ± 29,495 [46,755]	45,750 ± 28,999 [45,924]	0.0
All-cause emergency room costs[k]	490 ± 1,243 [0]	1,003 ± 5,819 [0]	12.2	518 ± 1,366 [0]	518 ± 1,952 [0]	0.0
PsA-related medical costs[j,k]	1,949 ± 7,490 [417]	2,087 ± 7,026 [515]	1.9	1,695 ± 6,692 [444]	1,695 ± 6,186 [459]	0.0

CCI= Charlson comorbidity index; cs/tsDMARD= conventional synthetic disease-modifying antirheumatic drug; ICD-10-CM= International Classification of Disease, Tenth Revision, Clinical Modification; JAK= Janus kinase; NSAID= nonsteroidal anti-inflammatory drug; PS= propensity score; PsA= psoriatic arthritis; SC= subcutaneous; SD= standard deviation; Std. Diff.= standardized difference; TNFi= tumor necrosis factor inhibitor; tsDMARD= targeted synthetic disease-modifying antirheumatic drug;.

[a]To balance potential confounders between the 2 cohorts, overlap PS weighting was used. PSs were generated using probability estimates from a logistic regression model in which guselkumab treatment (yes/no) was the dependent variable and baseline demographic and clinical characteristics were the independent variables. Each patient was attributed a weight that was defined as the probability of that patient being assigned to the opposite treatment group; for the guselkumab cohort, the weight was assigned as 1-PS, and for the SC TNFi cohort, the weight was assigned as PS. Weights were normalized using the mean of weights in each individual cohort (i.e., Hajek estimator). Baseline covariates included all characteristics reported in this table.

[b]Of note, the number of patients reported in this weighted population represents the sum of weights for the corresponding non-weighted patients, rounded to the nearest integer. The proportions displayed were calculated prior to the rounding and may be slightly different than if they were calculated based on rounded numbers.

[c]Point-of-service, indemnity/traditional, consumer directed health care, and unknown plan type.

[d]Due to data privacy policy, cells were modified to report n<11.

[e]Included PsA diagnoses on the index date.

[f]Methotrexate, leflunomide, azathioprine, mycophenolate, cyclosporine.

[g]Apremilast and JAK inhibitors (tofacitinib, upadacitinib, baricitinib).

[h]A continuous opioid treatment episode was defined as the absence of a gap of >7 days in any opioid supply, based on the days of supply in pharmacy claims, in a duration ≥3 months.

[i]Healthcare resource utilization is reported per patient per year.

[j]PsA-related resource utilization and costs were identified using ICD-10-CM codes: L40.5x

[k]Healthcare costs are reported per patient per year from a private payer's perspective in 2023 US dollars, adjusted for inflation using the US Consumer Price Index.

Supplementary Table S3. Kaplan-Meier rates for on-label persistence in weighted guselkumab and SC TNFi cohorts: sensitivity analysis (gap of once the duration of time between administrations as per FDA label)

	6 months	12 months	18 months	24 months
Overall				
Guselkumab, Kaplan-Meier rate (95% CI)	76.2 (70.5, 81.0)	53.7 (46.5, 60.3)	42.0 (32.2, 51.4)	27.6 (9.1, 48.0)
SC TNFi, Kaplan-Meier rate (95% CI)	56.9 (53.1, 60.5)	34.3 (29.5, 39.0)	25.1 (19.5, 31.1)	18.1 (11.1, 26.6)
Log-rank test P-value	<0.001	<0.001	<0.001	<0.001
Biologic-naïve				
Guselkumab, Kaplan-Meier rate (95% CI)	79.8 (70.9, 86.3)	59.6 (49.4, 68.3)	44.8 (31.0, 57.7)	30.7 (7.6, 55.7)
SC TNFi, Kaplan-Meier rate (95% CI)	56.6 (52.0, 61.0)	34.7 (28.7, 40.9)	24.7 (17.4, 32.6)	18.3 (9.5, 29.2)
Log-rank test P-value	<0.001	<0.001	<0.001	<0.001
Biologic-experienced				
Guselkumab, Kaplan-Meier rate (95% CI)	71.5 (63.0, 78.4)	47.5 (35.8, 58.2)	38.3 (22.5, 53.9)	25.0 (0.2, 53.9)
SC TNFi, Kaplan-Meier rate (95% CI)	52.1 (41.1, 62.0)	31.1 (18.5, 44.6)	24.2 (10.1, 41.7)	18.2 (3.1, 41.7)
Log-rank test P-value	<0.001	<0.001	<0.001	<0.001

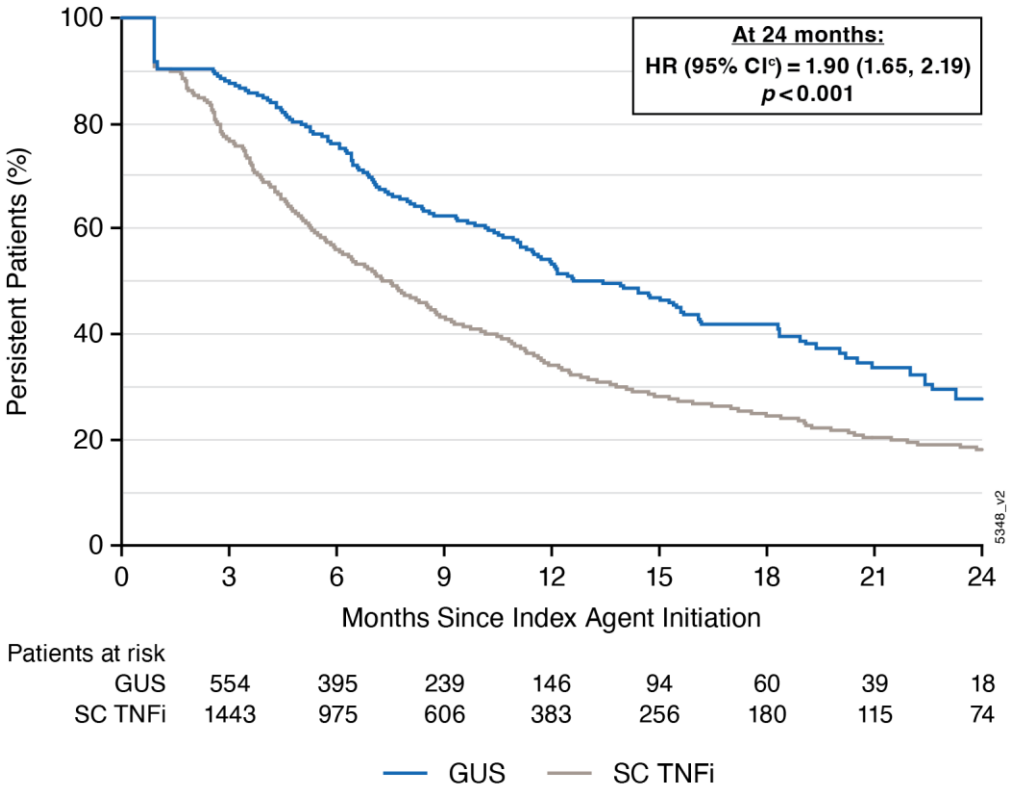
CI= confidence interval; FDA= Food and Drug Administration; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor.

Supplementary Table S4. Kaplan-Meier rates for on-label persistence in weighted guselkumab and SC TNFi cohorts: sensitivity analysis (fixed gap of 112 days between administrations)

	6 months	12 months	18 months	24 months
Overall				
Guselkumab, Kaplan-Meier rate (95% CI)	82.1 (76.3, 86.6)	65.9 (59.2, 71.8)	58.1 (49.5, 65.7)	45.5 (26.9, 62.1)
SC TNFi, Kaplan-Meier rate (95% CI)	70.8 (67.2, 74.0)	51.6 (47.1, 55.8)	44.1 (38.9, 49.3)	39.1 (32.7, 45.4)
Log-rank test P-value	<0.001	<0.001	<0.001	<0.001
Biologic-naïve				
Guselkumab, Kaplan-Meier rate (95% CI)	86.2 (76.6, 92.1)	73.1 (63.2, 80.7)	62.9 (50.2, 73.1)	48.9 (24.9, 69.3)
SC TNFi, Kaplan-Meier rate (95% CI)	72.2 (67.8, 76.0)	53.1 (47.5, 58.4)	46.0 (39.4, 52.3)	40.9 (32.8, 48.8)
Log-rank test P-value	<0.001	<0.001	<0.001	<0.001
Biologic-experienced				
Guselkumab, Kaplan-Meier rate (95% CI)	76.9 (68.3, 83.4)	57.7 (47.1, 67.0)	50.6 (36.3, 63.2)	39.5 (3.6, 63.0)
SC TNFi, Kaplan-Meier rate (95% CI)	63.0 (52.0, 72.1)	42.9 (29.9, 55.2)	33.5 (17.2, 50.7)	27.9 (9.3, 50.1)
Log-rank test P-value	<0.001	<0.001	<0.001	<0.001

CI= confidence interval; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor.

Supplementary Figure S1. Kaplan-Meier analysis of on-label persistence in weighted guselkumab and SC TNFi cohorts among the overall population (sensitivity analysis: gap of one time the duration of time between administrations as per FDA label)[a,b]



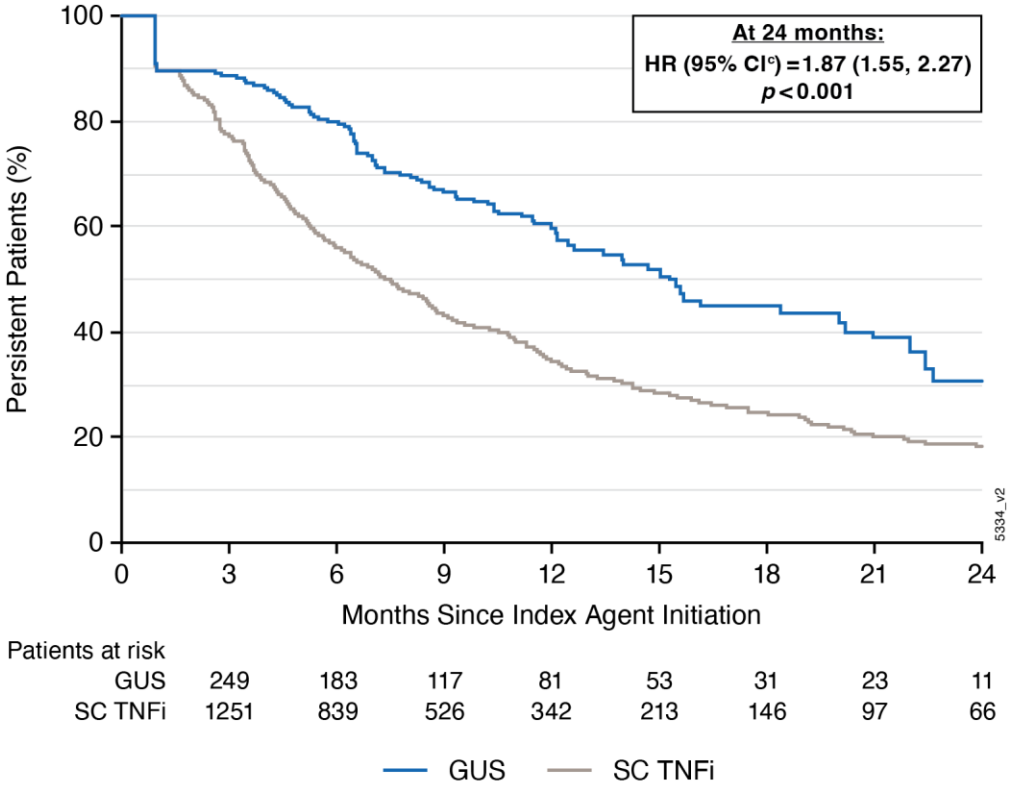
CI= confidence interval; bDMARD= biologic disease-modifying antirheumatic drug; csDMARD= conventional synthetic disease-modifying antirheumatic drug; FDA= Food and Drug Administration; GUS= guselkumab; HR= hazard ratio; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor.

[a] Treatment discontinuation was defined as having a gap in treatment of more than one time the duration of days of supply for a claim (i.e., 1 x 56 = 56 days for guselkumab or 1 x 28 = 28 days for SC TNFi).

[b]Patients with dose changes inconsistent with FDA-approved dosing were censored as of the first dose change.

[c]A weighted Cox proportional hazards model, further adjusted for baseline bDMARD and csDMARD use, was used to compare on-label persistence between cohorts.

Supplementary Figure S2. Kaplan-Meier analysis of on-label persistence in weighted guselkumab and SC TNFi cohorts among the biologic-naïve subgroup (sensitivity analysis: gap of one time the duration of time between administrations as per FDA label)[a,b]



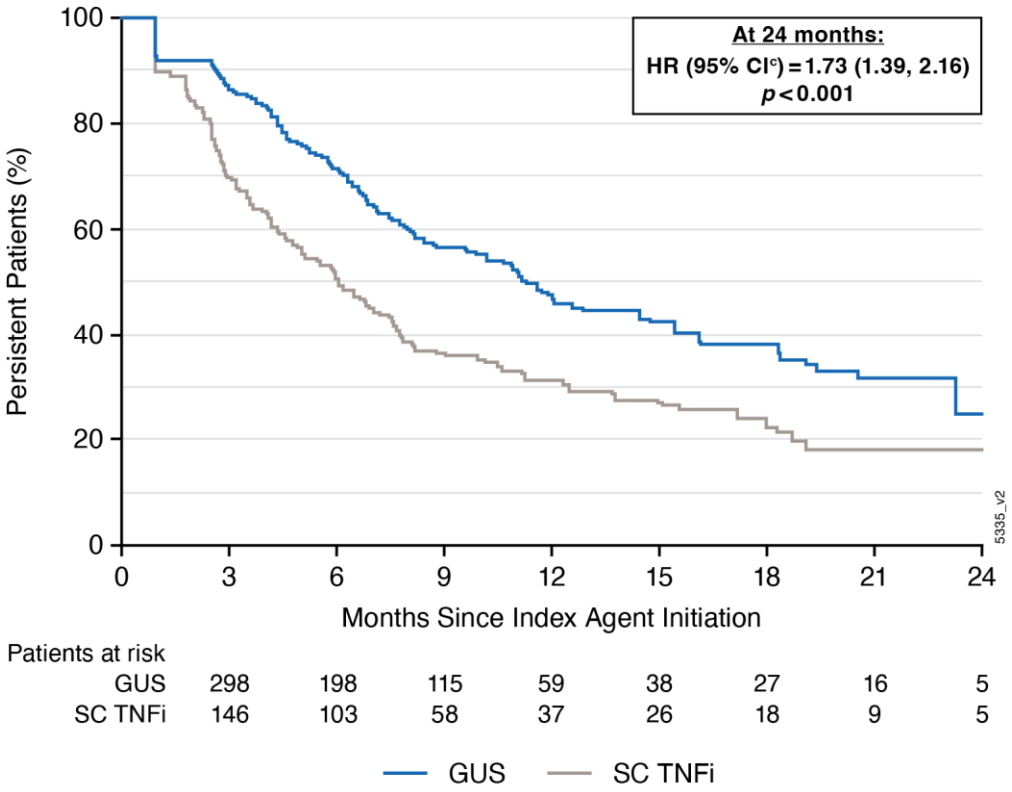
CI= confidence interval; csDMARD= conventional synthetic disease-modifying antirheumatic drug; FDA= Food and Drug Administration; GUS= guselkumab; HR= hazard ratio; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor; tsDMARD= targeted synthetic disease-modifying antirheumatic drug.

[a]Treatment discontinuation was defined as having a gap in treatment of more than one time the duration of days of supply for a claim (i.e., 1 x 56 = 56 days for guselkumab or 1 x 28 = 28 days for SC TNFi).

[b]Patients with dose changes inconsistent with FDA-approved dosing were censored as of the first dose change.

[c]A weighted Cox proportional hazards model, further adjusted for baseline csDMARD and tsDMARD use, was used to compare on-label persistence between cohorts.

Supplementary Figure S3. Kaplan-Meier analysis of on-label persistence in weighted guselkumab and SC TNFi cohorts among the biologic-experienced subgroup (sensitivity analysis: gap of one time the duration of time between administrations as per FDA label)[a,b]



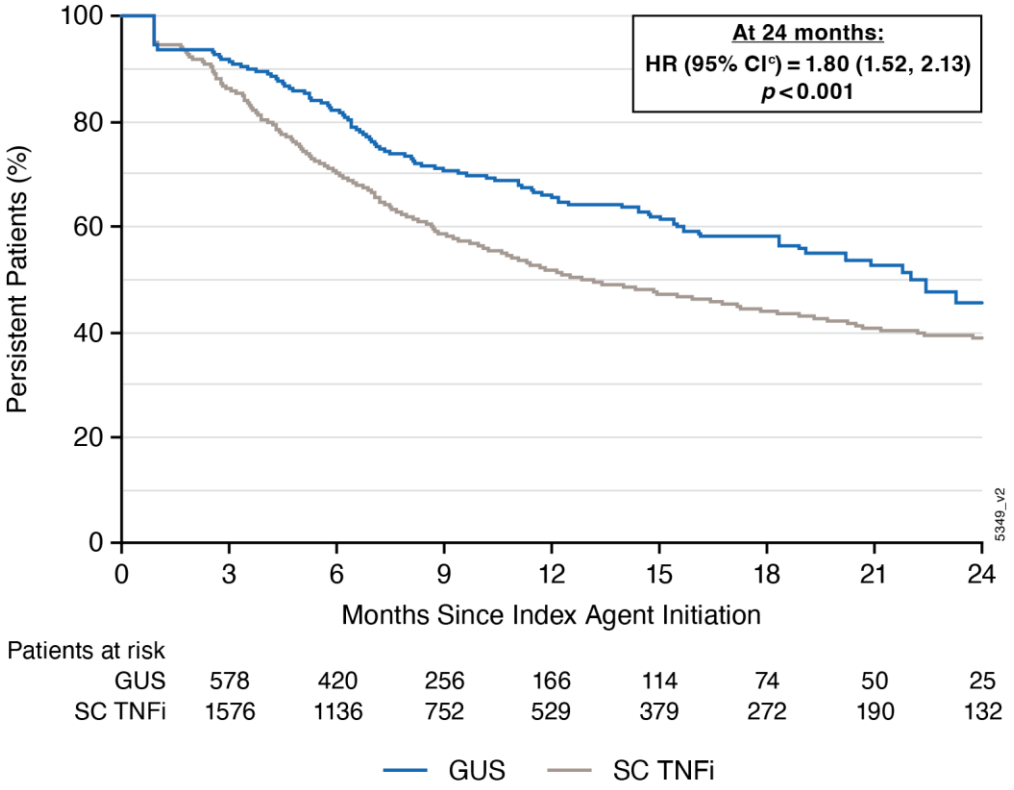
CI= confidence interval; FDA= Food and Drug Administration; GUS= guselkumab; HR= hazard ratio; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor.

[a] Treatment discontinuation was defined as having a gap in treatment of more than one time the duration of days of supply for a claim (i.e., 1 x 56 = 56 days for guselkumab or 1 x 28 = 28 days for SC TNFi).

[b]Patients with dose changes inconsistent with FDA-approved dosing were censored as of the first dose change.

[c]A weighted Cox proportional hazards model was used to compare on-label persistence between cohorts.

Supplementary Figure S4. Kaplan-Meier analysis of on-label persistence in weighted guselkumab and SC TNFi cohorts among the overall population (sensitivity analysis: fixed gap of 112 days)[a,b]



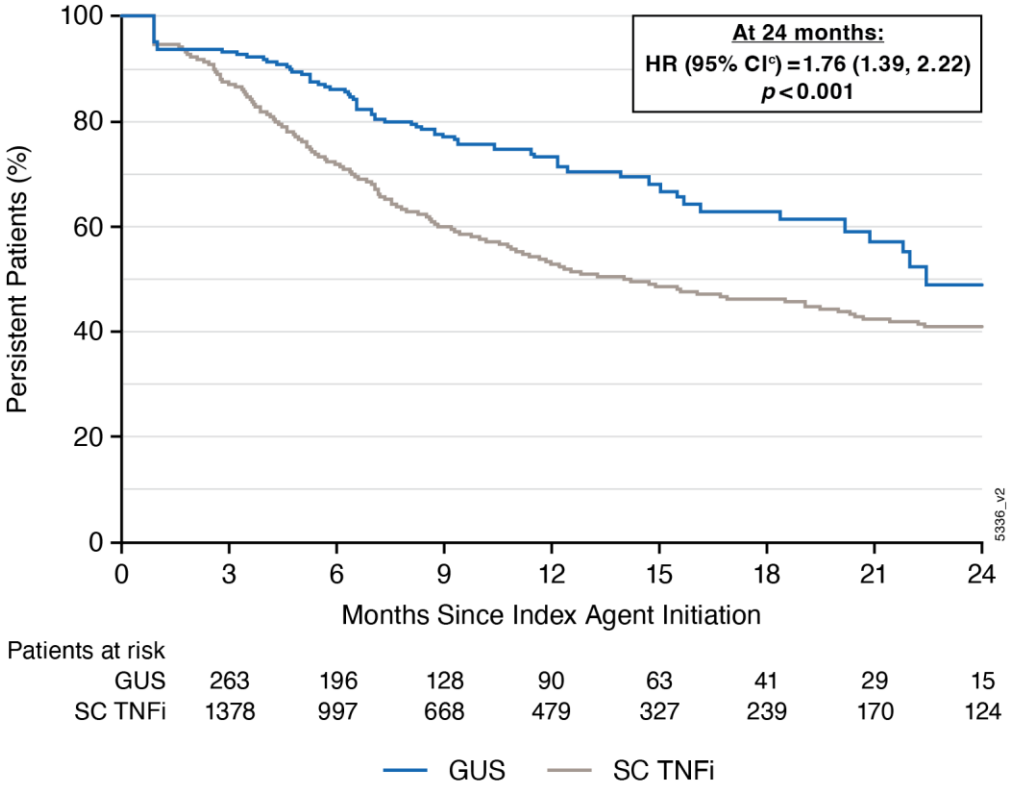
bDMARD= biologic disease-modifying antirheumatic drug; CI= confidence interval; csDMARD= conventional synthetic disease-modifying antirheumatic drug; FDA= Food and Drug Administration; GUS= guselkumab; HR= hazard ratio; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor.

[a]Treatment discontinuation was defined as a fixed exposure gap of 112 days.

[b]Patients with dose changes inconsistent with FDA-approved dosing were censored as of the first dose change.

[c]A weighted Cox proportional hazards model, further adjusted for baseline bDMARD and csDMARD use, was used to compare on-label persistence between cohorts.

Supplementary Figure S5. Kaplan-Meier analysis of on-label persistence in weighted guselkumab and SC TNFi cohorts among the biologic-naïve subgroup (sensitivity analysis: fixed gap of 112 days)[a,b]



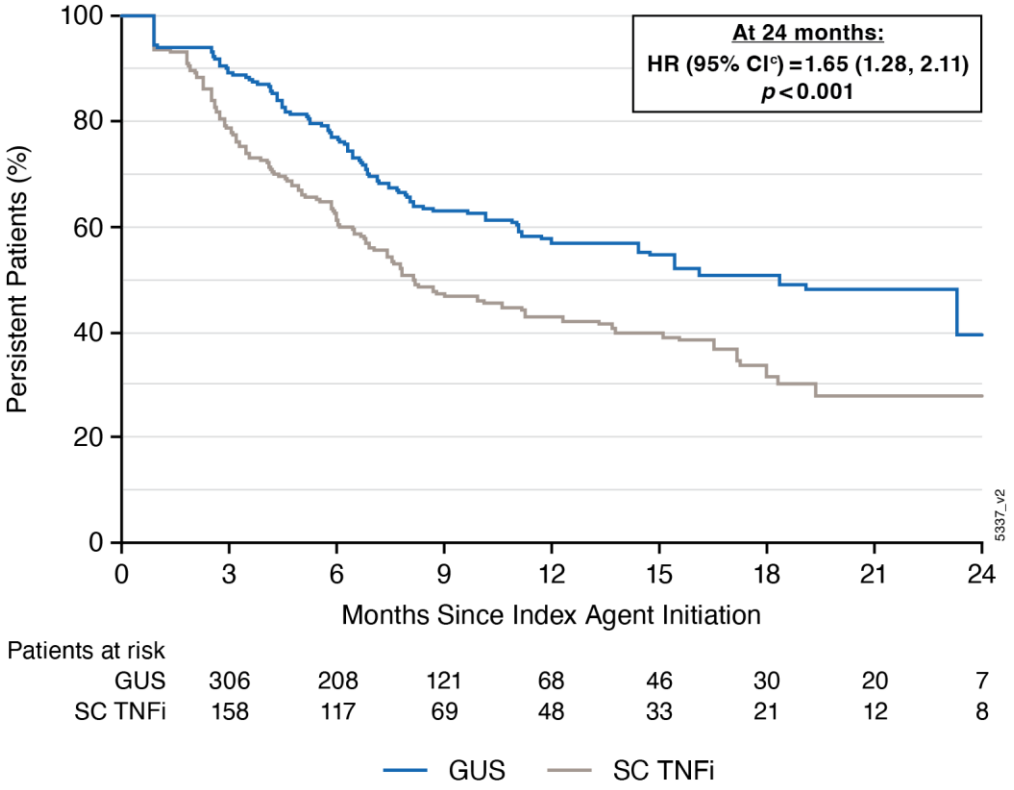
CI= confidence interval; csDMARD= conventional synthetic disease-modifying antirheumatic drug; FDA= Food and Drug Administration; GUS= guselkumab; HR= hazard ratio; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor; tsDMARD= targeted synthetic disease-modifying antirheumatic drug.

[a] Treatment discontinuation was defined as a fixed exposure gap of 112 days.

[b]Patients with dose changes inconsistent with FDA-approved dosing were censored as of the first dose change.

[c]A weighted Cox proportional hazards model, further adjusted for baseline csDMARD and tsDMARD use, was used to compare on-label persistence between cohorts.

Supplementary Figure S6. Kaplan-Meier analysis of on-label persistence in weighted guselkumab and SC TNFi cohorts among the biologic-experienced subgroup (sensitivity analysis: fixed gap of 112 days)[a,b]



CI= confidence interval; FDA= Food and Drug Administration; GUS= guselkumab; HR= hazard ratio; SC= subcutaneous; TNFi= tumor necrosis factor inhibitor.

[a] Treatment discontinuation was defined as a fixed exposure gap of 112 days.

[b]Patients with dose changes inconsistent with FDA-approved dosing were censored as of the first dose change.

[c]A weighted Cox proportional hazards model was used to compare on-label persistence between cohorts.