Supplementary material

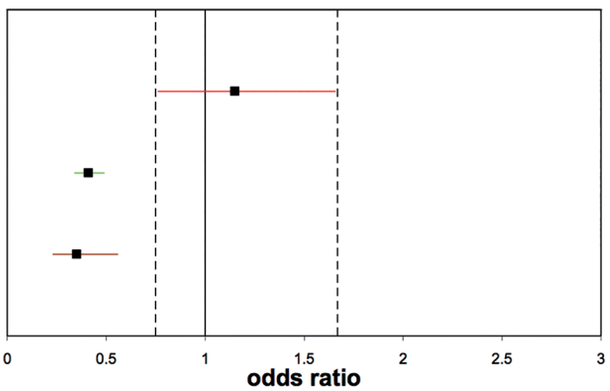

Fig. S1. This Forest plot shows the 95%CrI for the equivalence between the biosimilar and the originator (in red) along with the 95%CrI showing the inferiority of the SOC compared with the originator (in green) and with the 95%CrI showing the inferiority of the SOC compared with the biosimilar (in brown). Odds ratio is the outcome measured. The end-point is ACR50 at 24-26 weeks**.** The dashed vertical lines indicate the two post-hoc margins of equivalence.

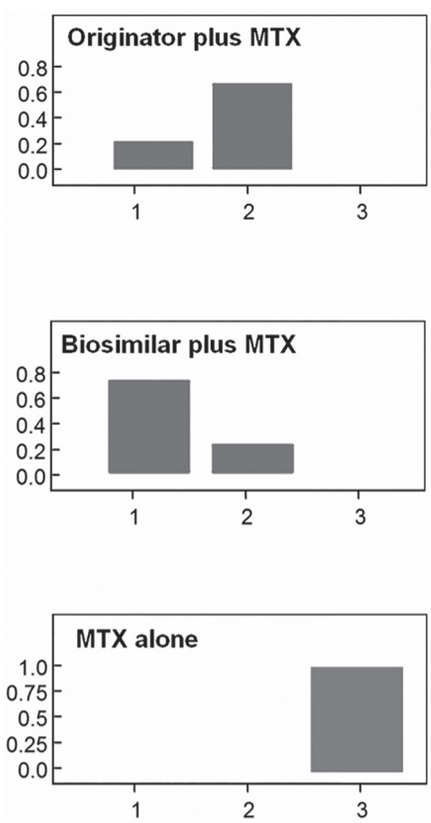

Fig. S2. Comparative effectiveness of three treatments (Humira plus methotrexate, adalimumab biosimilar plus methotrexate, and methotrexate monotherapy) in patients with active rheumatoid arthritis with inadequate response to methotrexate monotherapy evaluated according to Bayesian network meta-analysis (7 randomised studies; end-point = ACR50 response at 24-26 weeks). The figure shows the histogram of rankings estimated for each of the three treatments according to the Bayesian probabilistic analysis (fixed-effect model). Each panel indicates, in a series of simulations, how often the treatment concerned ranked first or second or third in effectiveness.

Complete references for the randomised trials reported in Table I.

Matsumoto *et al*. (2015)[1]
Kim *et al*. (2007)[2]
ARMADA Trial (2003)[3]
HOPEFUL-I study(2014)[4]
Keystone *et al*. (2004)[5]
Weinblatt *et al*. (2015)[6]
OPTIMA trial (2013)[7]

1. MATSUMOTO AK, PAVELKA K, RIZZO W, GUPTA R, SHERGY W, HEYCAJ P *et al*.: Secondary Efficacy Endpoints: Results from a Phase 3 Study Comparing ABP 501 with Adalimumab in Subjects with Moderate to Severe Rheumatoid Arthritis [abstract]. Arthritis Rheumatol. 2015; 67 (suppl. 10). http://acrabstracts.org/abstract/secondary-efficacy-end-points-results-from-a-phase-3-study-comparing-abp-501-with-adalimumab-in-subjects-with-moderate-to-severe-rheumatoid-arthritis/. Accessed May 5, 2017.
2. KIM HY, LEE SK, SONG YW *et al*.: A randomized, double-blind, placebocontrolled, phase III study of the human anti-tumor necrosis factor antibody adalimumab administered as subcutaneous injections in Korean rheumatoid arthritis patients treated with methotrexate. *APLAR Journal of Rheumatology* 2007; 10: 9-16.
3. WEINBLATT ME, KEYSTONE EC, FURST DE *et al*.: Adalimumab, a fully human antitumor necrosis factor alpha monoclonal antibody, for the treatment of rheumatoid arthritis in patients taking concomitant methotrexate: The ARMADA trial. *Arthritis Rheum* 2003; 48: 35-45.
4. TAKEUCHI T, YAMANAKA H, ISHIGURO N *et al*.: Adalimumab, a human anti-TNF monoclonal antibody, outcome study for the prevention of joint damage in Japanese patients with early rheumatoid arthritis: The HOPEFUL 1 study. *Ann Rheum Dis* 2014; 73: 536-43.
5. KEYSTONE EC, KAVANAUGH AF, SHARP JT *et al*.: Radiographic, clinical, and functional outcomes of treatment with adalimumab (a human anti-tumor necrosis factor monoclonal antibody) in patients with active rheumatoid arthritis receiving concomitant methotrexate therapy: a randomized, placebo-controlled, 52-week trial. *Arthritis Rheum* 2004; 50: 1400-11.
6. WEINBLATT ME, MEASE P, MYSLER E *et al*.: The efficacy and safety of subcutaneous clazakizumab in patients with moderate-to-severe rheumatoid arthritis and an inadequate response to methotrexate: results from a multinational, phase IIb, randomized, double-blind, placebo/activecontrolled, dose-ranging study. *Arthritis Rheumatol* 2015; 67: 2591-600.
7. KAVANAUGH A, FLEISCHMANN RM, EMERY P *et al*.: Clinical, functional and radiographic consequences of achieving stable low disease activity and remission with adalimumab plus methotrexate or methotrexate alone in early rheumatoid arthritis: 26-week results from the randomised, controlled OPTIMA study. *Ann Rheum Dis* 2013; 72: 64-71.