Supplementary Appendix 6. ACR/NPF 2018 Psoriatic Arthritis Guideline List of Strong Recommendations Based on Moderate Quality Evidence

	Level of evidence (evidence reviewed)
In adult patients with active PsA and concomitant active IBD despite treatment with an OSM[2],	
Switch to a TNFi monoclonal antibody biologic over a TNFi biologic soluble receptor biologic (i.e. etanercept) (PICO 58)	Moderate (64-66)
Strong recommendation supported by moderate-quality evidence, showing TNFi monoclonal antibody biologics are effective in IBD but indirect evidence shows a TNFi biologic soluble receptor biologic is not effective for the treatment of IBD.	
Switch to a TNFi monoclonal antibody biologic over an IL17i biologic (PICO 59)	Moderate (67)
Strong recommendation supported by moderate-quality evidence showing TNFi monoclonal antibody biologics are effective for IBD while an IL17i biologic is not effective for IBD.	
Switch to an IL12/23i biologic over switching to an IL17i biologic (PICO 60)	Moderate (67)
Strong recommendation supported by moderate-quality evidence showing IL12/23i biologic is effective for IBD while an IL17i biologic is not effective for IBD.	
In adult patients with active PsA and frequent serious infections who are both OSM and biologic treatment-naïve[3],	
Start an OSM over a TNFi biologic (PICO 64)	Moderate (67)
Strong recommendation supported by moderate-quality evidence, including a black box warning against the use of a TNFi biologic with regard to increased risk of serious infection.	
In adult patients with active PsA,	
Recommend smoking cessation over no smoking cessation (PICO 6)	Moderate (81, 82)
Strong recommendation supported by moderate-quality evidence, rated down for indirectness.	

[1]Active PsA is defined as disease causing symptoms at an unacceptably bothersome level as reported by the patient, and judged by the examining clinician to be due to PsA based on ≥1 of the following: swollen joints; tender joints; dactylitis; enthesitis; axial disease; active skin and/or nail involvement; and extra-articular inflammatory manifestations such as uveitis, or inflammatory bowel disease.
[2]Oral small molecules (OSM) are defined as MTX, SSZ, LEF, apremilast (APR), or cyclosporine (CSA) and does not include tofacitinib, which was handled separately since its efficacy/safety profile is much different from other OSMs listed above.
[3]Defined as naïve to OSM, TNFi, IL17 and IL12/23; patients may have experienced NSAIDs, glucocorticoids, and/or other pharmacologic and/or non-pharmacologic interventions.