Tabla 1S. Criteria selection of the patients to be selected in the MOZART study.

Inclusion criteria	Exclusion criteria
1. Patients with the willingness and ability to provide written informed consent and to meet the requirements of the study protocol	**1.** Intra-articular or parenteral corticosteroids within the four weeks before the baseline visit.
2. Patients diagnosed with moderate or severe active RA in accordance with the ACR 1987 criteria at least six months before inclusion	**2.** Immunization with a live/attenuated vaccine within the four weeks before the baseline visit.
3. Older 18 years of age	**3.** Prior treatment with alkylating agents such as chlorambucil or total lymphoid irradiation.
4. DAS-28 >3.2 in baseline visit	**4.** Antecedents of severe allergic or anaphylactic reactions to human, humanized or murine monoclonal antibodies
5. If a patient is receiving corticosteroids, the dose must consist of ≤10 mg of prednisone (or equivalent) at least during one month prior to the start of treatment with TCZ (day 1). A patient may have been receiving treatment with NSAIDs during one month before enrollment.	**5.** Evidence of uncontrolled, severe and concomitant disease: cardiovascular, nervous system, pulmonary (chronic obstructive pulmonary disease included), renal, hepatic, endocrine (uncontrolled diabetes mellitus included) or gastrointestinal.
6. Patients having previously failed with more than two biologic agents.	**6.** History of diverticulitis or diverticulosis requiring treatment with antibiotics, or chronic ulcerative disease of the lower GI such as the Crohn's disease, ulcerative colitis or other lower GI symptomatic conditions that create a predisposition to perforations.
7. Prior treatment with TCZ at any time before the baseline visit.	**7.** Known active infections, or a history of known recurrent infections of mycobacterial, fungal, viral or bacterial origin (including, but not limited to, TB, atypical mycobacterial infection, hepatitis B and C and herpes zoster; excluding fungal infections of the nail bed).
8. Treatment with any agent used in the study within the last four weeks before the selection visit (or a period equivalent to five half-lives of that drug, the longer period to be taken into account).	**8.** Any major episode of infection requiring hospitalization or treatment with antibiotics administered intravenously within the four weeks before the selection visit or antibiotics administered orally within the two weeks before the selection visit.
9. Patients with poor peripheral venous access.	**9.** Active TB requiring treatment in the last year. TB screening will be performed in all patients according to SER/AEMPS guidelines. Patients under treatment for TB without any recurrences within the last three years will not be excluded.
10. Prior treatment with therapies causing cellular depletion, including experimental agents or approved treatments such as CAMPATH, antiCD4, antiCD5, antiCD3, antiCD19, and antiCD20).	**10.** Liver disease in progress, to be decided by the principal investigator.
11. Patients receiving treatment on an outpatient basis.	**11.** Evidence of active malignant neoplasm, malignant neoplasms diagnosed within the last ten years (solid tumors and hematologic tumors included, except basal cell and squamous cell carcinoma, or uterine cervix carcinoma in situ that has been removed and healed), or breast cancer diagnosed within the last 20 years.
12. Women of reproductive age and men with partners of reproductive age can only take part in the study if they use reliable methods of contraception (for example, barrier methods in the case of the patients or their partners, oral or patch contraceptives, spermicide plus barrier method, or intrauterine device) during the study period and at least three months after receiving the last TCZ dose.	**12.** Pregnant or nursing women.
13. As for women of reproductive age, the pregnancy test performed at the selection visit must present a negative result.	**13.** Patients with reproductive potential who are not willing to use any effective contraceptive method.
14. Patients under MTX monotherapy treatment or in combination with a biologic agent, or under treatment with a biologic agent in monotherapy, presenting intolerance, or lack of adherence, or safety problems to MTX treatment.	**14.** History of alcoholism, drug addiction or substance abuse in the year preceding the selection visit.
15. Patients who, according to the researcher's judgement, are candidates for monotherapy with a biologic agent, without excluding previous use of other DMDs different from MTX.	**15.** Neuropathies or other painful conditions that can interfere with pain evaluation.
	16. Serum creatinine >1.4 mg/dl (124 µmol/l) in women and >1.6 mg/dl (141 µmol/l) in men.
	17. Alanine aminotransferase or aspartate aminotransferase >1.5 times the upper limit of normal (ULN).
	18. Total bilirubin > ULN.
	19. Platelet count < 100 x 109/l (100,000/mm3).
	20. Hemoglobin <85 g/L (<8.5 g/dL, 5.3 mmol/L).
	21. Leukocytes <3.0 x 109/L (3000/mm3).
	22. Neutrophils, absolute value <2.0 x 109/L (2000/mm3).
	23. Lymphocytes, absolute value <0.5 x 109 /L (500/mm3).

Tabla 2S. EULAR response criteria.

		DAS-28 Improvement		
		>1.2	>0.6 and ≤1.2	≤0.6
DAS-28 Current Score	≤3.2	Good response	Moderate response	No response
	>3.2 and ≤5.1	Moderate response	Moderate response	No response
	>5.1	Moderate response	No response	No response

DAS: Disease activity score -28 joints.