

Supplemental Table 1: Participating centers in the Impact of COVID-19 Pandemic on UvEitis patients receiving immunomodulatory and biological therapies (COPE STUDY)

| Hospital | City | Investigator |
|---|-------------|---|
| Sankara Nethralaya | Chennai | Sudharshan Sridharan Jyotirmay Biswas |
| Narayana Nethralaya | Bengaluru | Padmamalini Mahendradas |
| Vittala International Institute of Ophthalmology | Bengaluru | Kalpana Babu |
| Sadguru Netra Chikitsalaya | Chitrakoot | Pratik Shenoy Alok Sen |
| Dr Shroff's Charity Eye Hospital | New Delhi | Manisha Agarwal |
| Aravind Eye Hospital | Puducherry | S. Balamurugan |
| Post Graduate Institute of Medical Education and Research | Chandigarh | Aniruddha Agarwal Mohit Dogra Reema Bansal Vishali Gupta |

Supplemental Table 2: Details of patients with recurrence of uveitis during the COVID-19 pandemic

| Patient number | Ongoing therapies | Diagnosis | Reason for recurrence* | Time since last active episode (weeks) | Revised treatments† |
|-----------------------|--|--------------------------------|--|---|--|
| 1 | AZA 100 mg/day | Retinal vasculitis | Dose of AZA reduced to 75 mg/day | 10 | Oral Pred 60 mg/day 1 hourly beta 1% drops |
| 2 | Oral Pred 10 mg/day Oral MTX 15 mg/week | Sarcoidosis-related panuveitis | Patient stopped oral Pred | 16 | Oral Pred 50 mg/day restarted 1 hourly beta 1% drops |
| 3 | Oral Pred 20 mg/day SC MTX 15 mg/week | HLA B-27 AAU | Patient stopped oral Pred | 14 | Oral Pred 60 mg/day restarted beta 1% drops 8 times a day |
| 4 | Oral MTX 12.5 mg/week | Undifferentiated choroiditis | Patient stopped oral MTX | 25 | Oral Pred 60 mg/day dexa 0.1% drops 6 times a day |
| 5 | SC MTX 15 mg/week ADA 40 mg/every 2 weeks | Behçet's disease | Dose of SC MTX reduced to 10 mg/week | 20 | Oral Pred 40 mg/day Dexa implant injection |
| 6 | Oral Pred 10 mg/day AZA 150 mg/day | Retinal vasculitis | Patient stopped oral Pred Dose of AZA reduced to 100 mg/day | 8 | Oral Pred 60 mg/day restarted |
| 7 | SC MTX 15 mg/week MMF 2 g/day | Idiopathic panuveitis | Dose of SC MTX reduced to 10 mg/week | 40 | Oral Pred 50 mg/day beta 1% drops 6 times a day |
| 8 | MMF 2 g/day | Behçet's disease | Dose of MMF reduced to 1 g/day | 10 | Oral Pred 30 mg/day Dexa implant injection |
| 9 | AZA 100 mg/day | Idiopathic panuveitis | Dose of AZA reduced to 75 mg/day | 17 | Oral Pred 50 mg/day |
| 10 | Oral MTX 12.5 mg/week | Idiopathic panuveitis | - | 10 | Oral Pred 60 mg/day beta 1% drops 6 times a day |

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|----|---|--------------------------------|--------------------------------------|----|---|
| 11 | AZA 200 mg/day | Serpiginous choroiditis | Dose of AZA reduced to 100 mg/day | 19 | Dexa implant injection |
| 12 | SC MTX 15 mg/week ADA 40 mg/every 2 weeks Beta 1% drops twice a day | Behçet's disease | - | 12 | Oral Pred 30 mg/day Intravitreal triamcinolone Increase in beta 1% drops to 8 times/day |
| 13 | AZA 150 mg/day | Undifferentiated choroiditis | Dose of AZA reduced to 100 mg/day | 14 | Oral Pred 30 mg/day |
| 14 | SC MTX 15 mg/week | HLA B-27 AAU | Patient stopped SC MTX | 10 | Oral Pred 40 mg/day beta 1% drops 6 times a day |
| 15 | AZA 125 mg/day Beta 1% drops twice a day | Retinal vasculitis | Dose of AZA reduced to 75 mg/day | 8 | Oral Pred 30 mg/day Increase in beta 1% drops to 6 times/day |
| 16 | AZA 100 mg/day Beta 1% drops twice a day | Intermediate uveitis | Dose of AZA reduced to 75 mg/day | 12 | Oral Pred 50 mg/day Increase in beta 1% drops to 6 times/day |
| 17 | MMF 2 g/day Beta 1% drops once a day | Undifferentiated choroiditis | - | 37 | Oral Pred 50 mg/day Increase in beta 1% drops to 6 times/day |
| 18 | SC MTX 20 mg/week Prednisolone acetate 1% drops once a day | JIA-related CAU | Dose of SC MTX reduced to 10 mg/week | 31 | Oral Pred 30 mg/day Increase in prednisolone acetate 1% drops to 6 times/day |
| 19 | Oral MTX 15 mg/week | Sarcoidosis-related panuveitis | Dose of MTX reduced to 12.5 mg/week | 23 | Oral Pred 20 mg/day Increase in MTX to 15 mg/week |
| 20 | AZA 150 mg/day Beta 1% drops once a day | Retinal vasculitis | Dose of AZA reduced to 100 mg/day | 9 | Oral Pred 40 mg/day Increase in AZA to 125 mg/week Increase in beta 1% drops to 4 times/day |
| 21 | AZA 125 mg/day | VKH | Dose of AZA reduced to 75 mg/day | 8 | Increase in AZA to 125 mg/day Dexa implant injection |

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|----|--|---------------------------|---|----|---|
| | Nepafenac 0.1% drops twice a day | | | | |
| 22 | MMF 2 g/day Prednisolone acetate 1% drops three times a day | VKH | Dose of MMF reduced to 1.5 g/day | 9 | Oral Pred 30 mg/day MMF increased to 2 g/day |
| 23 | Oral MTX 15 mg/week | JIA-related CAU | Dose of MTX reduced to 10 mg/week | 6 | Increase in MTX 15 mg/day Increase in beta 1% drops to 4 times/day |
| 24 | AZA 150 mg/day Prednisolone acetate 1% drops twice a day | Intermediate uveitis | Dose of AZA reduced to 100 mg/day | 18 | Oral Pred 20 mg/day Dexa implant injection |
| 25 | Oral MTX 17.5 mg/week | Scleritis | - | 24 | MTX maintained at 17.5 mg/week Oral Pred 20 mg/day started |
| 26 | MMF 1.5 g/day | HLA B-27 AAU | Dose of MMF reduced to 1 g/day | 20 | Oral Pred 40 mg/day MMF increased to 1.5 g/day |
| 27 | AZA 200 mg/day MTX 15 mg/week Prednisolone acetate 1% drops three times a day | VKH | Dose of AZA reduced to 125 mg/day | 6 | Oral Pred 60 mg/day Dexa implant injection AZA increased to 150 mg/day |
| 28 | AZA 150 mg/day Nepafenac 0.1% drops twice a day | VKH | Dose of AZA reduced to 100 mg/day | 8 | Oral Pred 30 mg/day Topical Beta 1% drops 6 times a day |
| 29 | Oral MTX 20 mg/week | Multifocal choroiditis | Dose of MTX reduced to 10 mg/week | 30 | Oral Pred 40 mg/day MTX increased to 15 mg/week Topical Beta 1% drops 6 times a day |

AAU: acute anterior uveitis; ADA: adalimumab; AZA: azathioprine; beta: betamethasone; dexa: dexamethasone; CAU: chronic anterior uveitis; JIA: juvenile idiopathic arthritis; MMF: mycophenolate

mofetil; MTX: methotrexate; Pred: prednisolone; SC: subcutaneous; VKH: Vogt-Koyanagi-Harada's disease

* The reason for recurrence as deemed by the treating uveitis specialist has been noted

† The revised treatments include new therapies, or revision of existing therapies. If topical medications were continued as before, these have not been mentioned in the table