

**Replication of the POET-COPD  
Trial in Healthcare Claims Data**

**DUPLICATE POET-COPD**

**August 10, 2021**

## 1. RCT Details

This section provides a high-level overview of an RCT that the described real-world evidence study is trying to replicate as closely as possible given the remaining limitations inherent in the healthcare databases.

### 1.1 Title

**Tiotropium versus Salmeterol for the Prevention of Exacerbations of COPD ([POET-COPD](#) trial)**

### 1.2 Intended aim(s)

The objective of the study is to assess the efficacy and safety of tiotropium, a long-acting anticholinergic (muscarinic antagonist) drug (LAMA) compared to salmeterol, a long-acting beta agonist (LABA) in patients with chronic obstructive pulmonary disease (COPD)

### 1.3 Primary endpoint for replication and RCT finding

Time to first COPD exacerbation

### 1.4 Required power for primary endpoint and noninferiority margin (if applicable)

With a sample size of approximately 6800 patients (3400 in each arm), the trial will have 80% power to detect a 10% reduction in the risk of first exacerbation with tiotropium as compared with salmeterol, with a two-sided test for the null hypothesis of a hazard ratio of 1 at a significance level of 0.05

### 1.5 Trial estimate

HR = 0.83 (95% CI 0.77–0.90) comparing tiotropium to salmeterol (Vogelmeier et al., 2011, NEJM)

## 2. Person responsible for implementation of replication in Aetion

Helen Tesfaye, Pharm.D, ScM implemented the study design in the Aetion Evidence Platform. She is not responsible for the validity of design and analytic choices. All implementation steps are recorded, and implementation history is archived in the platform.

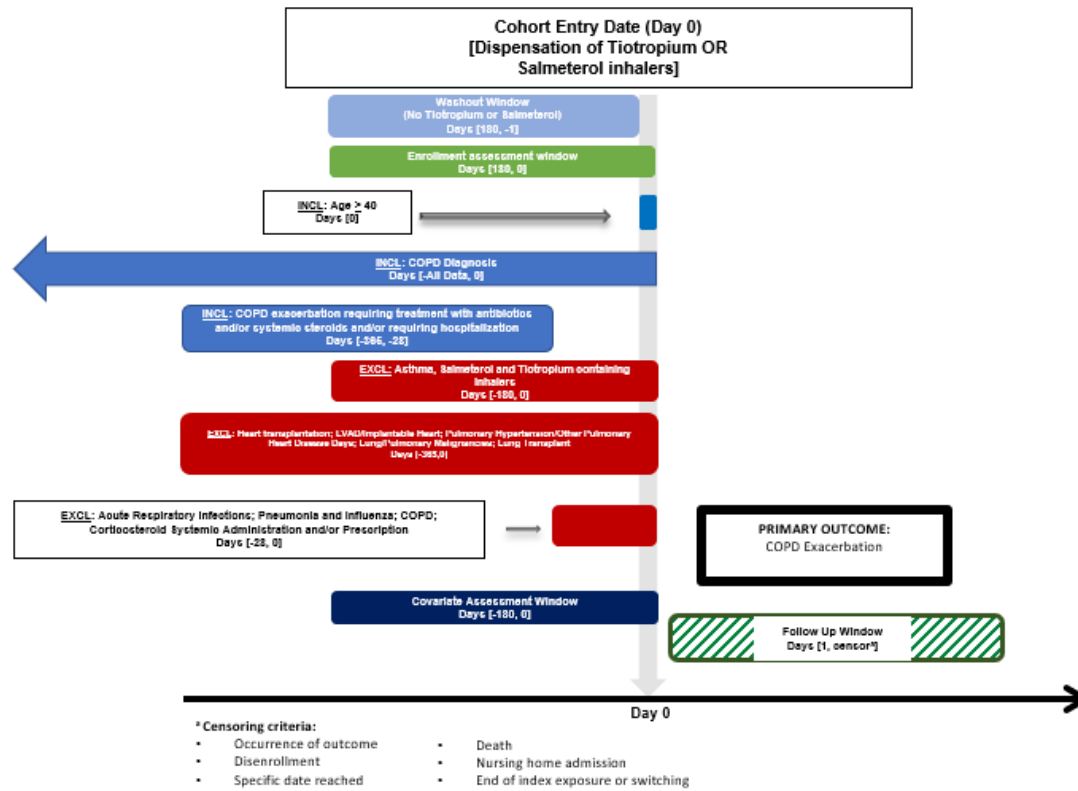
## 3. Data Source(s)

Optum Clinformatics Data Mart, IBM MarketScan

#### 4. Study Design Diagram

The study design diagram visualizes key aspects of the longitudinal study design for expedited review

**Design Diagram – POET-COPD TRIAL REPLICATION**



## 5. Cohort Identification

### 5.1 Cohort Summary

This study will involve a new user, parallel group, propensity score matched retrospective cohort study design comparing tiotropium to salmeterol. The patients will be required to have continuous enrollment during baseline period of 180 days before initiation of tiotropium or salmeterol inhalers (cohort entry date).

### 5.2 Important steps for cohort formation

New users (defined as no use in 180 days prior to index date) of an exposure and a comparator drug will be identified.

#### 5.2.1 Eligible cohort entry date

Tiotropium inhaler was first approved by FDA for market availability on January 30, 2004, and salmeterol on September 15, 1998

- Optum: January 30, 2004 – March 31, 2020 (end of data availability is December 31, 2020 but excluded data generated during COVID-19 pandemic)
- Marketscan: January 30, 2004 – December 31, 2018 (end of data availability)

#### 5.2.2 Specify inclusion/exclusion criteria for cohort entry and define the index date

Inclusion and exclusion criteria were adapted from the trial as closely as possible. Definitions for all inclusion/exclusion are provided in **Appendix A** and are summarized in the flowcharts below.

5.3 Flowchart of the study cohort assembly

	OPTUM		MARKETSCAN	
	Less Excluded Patients	Remaining Patients	Less Excluded Patients	Remaining Patients
All patients		79,335,559		200,203,908
Did not meet cohort entry criteria	-78,723,324	612,235	-199,335,696	868,212
Excluded due to insufficient enrollment	-87,210	525,025	-98,266	769,946
Excluded due to prior use of referent	-22,073	502,952	-52,587	717,359
Excluded due to prior use of exposure	-298,940	204,012	-406,646	310,713
Excluded because patient qualified in >1 exposure category	-164	203,848	-292	310,421
Excluded based on Missing/Unknown Age	0	203,848	0	310,421
Excluded based on Missing/Unknown Gender	-37	203,811	0	310,421
Excluded based on Inclusion #1 - Age >=40 years old	-9,129	194,682	-19,097	291,324
Excluded based on Inclusion #2 - Diagnosis of COPD	-35,444	159,238	-78,651	212,673
Excluded based on Inclusion #4 - History of at least 1 COPD Exacerbation within the past year	-75,207	84,031	-105,442	107,231
Excluded based on Exclusion #2a - Asthma	-10,054	73,977	-8,159	99,072
Excluded based on Exclusion #2b - Severe cardiovascular or pulmonary disorders_V2	-8,122	65,855	-8,509	90,563
Excluded based on Exclusion #3 - Patients with any respiratory infection or COPD exacerbation in the 4 weeks prior to visit 1	-12,040	53,815	-14,085	76,478
Excluded based on Exclusion #5 - Salmeterol, Tiotropium containing inhaler use within 180 days*	-4,157	49,658	-7,817	68,661
<b>Final cohort</b>		<b>49,658</b>		<b>68,661</b>

\* Additional exclusion criteria applied for replication

## 6 Variables

### 6.1 Exposure-related variables:

#### Study drug:

The study exposure of interest is initiation of tiotropium (LAMA). Initiation will be defined by no use of inhaled tiotropium during the prior 180 days before treatment initiation (washout period). Patients are required to be incident users with respect both exposure groups.

#### Comparator agents:

Initiators of salmeterol inhaler defined as no use of inhaled salmeterol during the 180 days prior to index date

### 6.2 Preliminary Covariates:

- Age
- Sex
- Combined Comorbidity Index (CCI), measured over the default baseline covariate assessment period of 180 days prior to and including the index prescription date

Covariates listed above are a small subset of covariates that will ultimately be controlled in the design and analysis phase of the study. They are included in the preliminary assessment to determine the presence of adequate overlap between the two population of patients to proceed to the next phase of the study. Remaining covariates are defined only after the study has passed the initial feasibility analysis and initial power assessment and are listed in Table 1 (**Appendix B**).

### 6.3 Outcome variables and study follow-up:

#### 6.3.1 Outcome variables

Effectiveness outcome variables of interest (definitions provided in **Appendix A**):

- **Primary outcome:** Time to first COPD exacerbation
- Secondary outcome:
  - All-cause death

Control outcomes of interest (control outcomes only serve to assess aspects of study validity but are not further interpreted): Pneumonia

### 6.3.2 Study follow-up

Both as-treated (AT) and intention-to-treat (ITT) analysis will be conducted with treatment defined as the index drug on the day of cohort entry. Because adherence in the real-world databases is expected to be much worse than in the trial, the AT analysis is the **primary** analysis, as it targets the relative hazard of outcomes on treatment.

For the AT analysis, the follow-up will start the day after the initiation of tiotropium or salmeterol and will continue until the earliest date of the following events:

- The first occurrence of the outcome of interest,
- The date of end of continue registration in the database,
- End of the study period,
- Death,
- Nursing home admission
  - Nursing home admissions are considered a censoring event because the data sources utilized typically provide little to no data on a patient, particularly on drug utilization, after admission. We will utilize this as an exclusion reason for cohorts for the same reason.
- The date of drug discontinuation, defined as the date of the last continuous treatment episode of the index drug (tiotropium or salmeterol) + a 60-day grace period,
- The date of switching from an exposure to comparator and vice versa,
- The date of switching to or initiation of other LAMA (excluding tiotropium) and other LABA (excluding salmeterol), LAMA/LABA, LABA/ICS, and LAMA/LABA/ICS combination inhalers.

For the ITT analyses, the censoring based on the switching and treatment discontinuation will be replaced with a maximum allowed follow-up time of 365 days.

## 7 Initial Feasibility Analysis

Action report name:

Optum- <https://bwh-dope.aetion.com/projects/details/1730/rwrs/71650>

Marketscan- <https://bwh-dope.aetion.com/projects/details/1732/rwrs/71648>

Date conducted: 5/6/2021 (old version), 6/17/2021 (current) – In the current version, we removed the additional exclusion criteria “LABA, LAMA, or any combinations containing those (except study drugs) - 14 days washout period,” which was applied in defining the cohort used in the old version.

Complete Aetion feasibility analysis using age, sex, and CCI as the only covariates and the primary endpoint (Section 6.3.1) as the outcome.

- Complete study flowchart from Section 5.3
- Report patient characteristics by treatment group

BEFORE MATCHING						
	Optum			Marketscan		
Variable	Referent - Salmeterol	Exposure - Tiotropium	Difference	Referent - Salmeterol	Exposure - Tiotropium	Difference
Number of patients	1,077	48,581	- (-, -)	3,397	65,264	- (-, -)
Age						
...mean (sd)	69.31 (10.79)	69.64 (9.85)	-0.34 (-0.99, 0.31)	70.81 (10.79)	68.26 (11.06)	2.55 (2.18, 2.92)
...median [IQR]	70.00 [62.00, 77.50]	70.00 [63.00, 77.00]	- (-, -)	72.00 [63.00, 79.00]	68.00 [60.00, 77.00]	- (-, -)
Gender						
...Male; n (%)	511 (47.4%)	21,601 (44.5%)	3.0% (-0.1%, 6.0%)	1,566 (46.1%)	31,139 (47.7%)	-1.6% (-3.3%, 0.1%)
...Female; n (%)	566 (52.6%)	26,980 (55.5%)	-3.0% (-6.0%, 0.1%)	1,831 (53.9%)	34,125 (52.3%)	1.6% (-0.1%, 3.3%)
Combined comorbidity score, 180 days						
...mean (sd)	2.37 (2.54)	2.59 (2.56)	-0.22 (-0.37, -0.06)	1.75 (1.88)	2.05 (2.14)	-0.31 (-0.37, -0.24)
...median [IQR]	2.00 [1.00, 3.00]	2.00 [1.00, 4.00]	- (-, -)	1.00 [1.00, 3.00]	1.00 [1.00, 3.00]	- (-, -)



- Report summary parameters of study population

<b>FEASIBILITY FOR STUDY OUTCOME</b>		
	<b>Optum</b>	<b>Marketscan</b>
<b>Variable</b>	<b>Value</b>	<b>Value</b>
Number of patients in full cohort	49,658	68,661
Number of patients dropped as incomplete cases	0	0
Number of patients that did not begin follow-up	57	72
Number of patients in analytic cohort	49,601	68,589
Number of events	11,400	15,086
Number of person-years	16,485.60	27,150.40
Number of patients in group: Referent - Salmeterol	1,073	3,389
Number of patients in group: Exposure - Tiotropium	48,528	65,200
Risk per 1,000 patients	229.83	219.95
Rate per 1,000 person-years	691.51	555.65

- Report median follow-up time by treatment group

<b>FOLLOW-UP TIME FOR STUDY OUTCOME</b>		
<b>Median Follow-Up Time (Days) [IQR]</b>		
	<b>Optum</b>	<b>Marketscan</b>
<b>Patient Group</b>	<b>Median Follow-Up Time (Days) [IQR]</b>	<b>Median Follow-Up Time (Days) [IQR]</b>
Overall Patient Population	88 [45, 140]	88 [57, 148]
Referent - Salmeterol	88 [56, 148]	88 [73, 148]
Exposure - Tiotropium	88 [45, 140]	88 [56, 148]

- Report reasons for censoring in the overall study population

<b>CENSORING REASONS FOR STUDY OUTCOME</b>		
	<b>Optum</b>	<b>Marketscan</b>
Overall	49,601	68,589
Death	911 (1.8%)	299 (0.4%)
Start of an additional exposure	137 (0.3%)	325 (0.5%)
End of index exposure	19,798 (39.9%)	29,908 (43.6%)
Specified date reached	1,539 (3.1%)	712 (1.0%)
End of patient data	0 (0.0%)	0 (0.0%)
End of patient enrollment	3,174 (6.4%)	7,894 (11.5%)
Switch to other LABA, LAMA + LABA/LAMA combo + LAMA/LABA/ICS combo + NH admissions Occurred	12,687 (25.6%)	14,442 (21.1%)

## 8 Initial Power Assessment

Aetion report name:

Optum- <https://bwh-dope.aetion.com/projects/details/1730/rwrs/71651>

Marketscan- <https://bwh-dope.aetion.com/projects/details/1732/rwrs/71649>

Date conducted: 5/4/2021 (old version), 6/17/2021 (current version) – In the current version, we removed the additional exclusion criteria “LABA, LAMA, or any combinations containing those (except study drugs) - 14 days washout period,” which was applied in defining the cohort used in the old version.

In order to complete the initial power analysis, the dummy outcome of a 90-day gap in database enrollment will be used. Complete a 1:1 PS-matched comparative analysis using this outcome. PS should include only 3 covariates: age, sex, and combined comorbidity index.

Effectiveness research with Real World Data to support FDA’s regulatory decision making

	Optum	Marketscan	Pooled
<b>Number of people matched</b>			
Reference	1073.0	3389.0	4462.0
Exposure	1073.0	3389.0	4462.0
Risk per 1,000 patients	229.8	220.0	--
Rate per 1,000 person-years	691.5	555.7	
N of events	11,400	15,086	26,486
N of patients (both groups) at Step 1	49,658	68,661	118,319
Risk per 1,000 patients	229.57	219.72	223.85

<b>Superiority Analysis (Pooled)</b>	
Number of patients matched	
Reference	4,462
Exposed	4,462
Risk per 1,000 patients	223.85
Desired HR from RCT	0.83
Alpha (2-sided)	0.05
Number of events expected	1997.6374
Power	0.986238897

Effectiveness research with Real World Data to support FDA’s regulatory decision making

<b>Superiority Analysis (Optum)</b>	
Number of patients matched	
Reference	1,073
Exposed	1,073
Risk per 1,000 patients	229.57
Desired HR from RCT	0.83
Alpha (2-sided)	0.05
Number of events expected	492.65722
Power	0.542994909

<b>Superiority Analysis (Marketscan)</b>	
Number of patients matched	
Reference	3,389
Exposed	3,389
Risk per 1,000 patients	219.72
Desired HR from RCT	0.83
Alpha (2-sided)	0.05
Number of events expected	1489.26216
Power	0.949012649

- Stop analyses until feasibility and power are reviewed by primary investigators, FDA, and assigned members of advisory board.

Reviewed by PI:	Shirley Wang	Date reviewed:	
Reviewed by FDA:		Date reviewed:	
Reasons for stopping analysis (if required):			

### 9. Balance Assessment

Optum- <https://bwh-dope.aetion.com/projects/details/1730/rwrs/72136>

Marketscan- <https://bwh-dope.aetion.com/projects/details/1732/rwrs/72137>

Date conducted: 7/6/2021

After review of initial feasibility and power analyses, complete creation of the remaining covariates from Section 6.2. Again, using the dummy outcome of a 90-day gap in database enrollment, complete a 1:1 PS-matched analysis. The PS should include the complete list of covariates.

- Provide plot of PS distributions stratified by treatment group.

Note- Please refer to **Appendix B**.

- Report covariate balance after matching.

Note- For Table 1, please refer to **Appendix B**.

- Report reasons for censoring by treatment group.

	Overall	Referent	Exposure
Dummy outcome	0 (0%)	0 (0%)	0 (0%)
Death	104 (1.19%)	44 (1.01%)	60 (1.38%)
Start of an additional exposure	347 (3.98%)	317 (7.27%)	30 (0.69%)
End of Index Exposure	5,180 (59.43%)	2,735 (62.76%)	2,445 (56.1%)
Specified date reached	111 (1.27%)	56 (1.28%)	55 (1.26%)
End of patient enrollment	1,133 (13%)	485 (11.13%)	648 (14.87%)
Switch to other LABA, LAMA + LABA/LAMA combo + LAMA/LABA/ICS combo + NH admissions Occurred	1,841 (21.12%)	721 (16.54%)	1,120 (25.7%)

- Report follow-up time by treatment group.

Patient Group	Optum Median Follow-Up Time (Days) [IQR]	Marketscan Median Follow-Up Time (Days) [IQR]
Overall Patient Population	88 [83, 159]	123 [88, 214]
Referent - Salmeterol	88 [85, 154]	125 [88, 195]
Exposure - Tiotropium	88 [83, 169]	122 [88, 226]

- Report overall risk of the primary outcome.

	Optum	MarketScan	Pooled
Risk per 1,000 patients	229.57	219.72	223.85

### 10. Final Power Assessment

Date conducted: 7/9/2021

- Re-calculate power in the appropriate excel table, using the revised number of matched patients from the PS-match in Section 9. All other parameters in the table should be the same as in Section 8.

<b>Superiority Analysis (Pooled)</b>	
Number of patients matched	
Reference	4,358
Exposed	4,358
Risk per 1,000 patients	223.85
Desired HR from RCT	0.83
Alpha (2-sided)	0.05
Number of events expected	1951.0766
Power	0.984427581

Effectiveness research with Real World Data to support FDA’s regulatory decision making

<b>Superiority Analysis (Optum)</b>	
Number of patients matched	
Reference	1,073
Exposed	1,073
Risk per 1,000 patients	229.57
Desired HR from RCT	0.83
Alpha (2-sided)	0.05
Number of events expected	492.65722
Power	0.542994909
<b>Superiority Analysis (Marketscan)</b>	
Number of patients matched	
Reference	3,285
Exposed	3,285
Risk per 1,000 patients	219.72
Desired HR from RCT	0.83
Alpha (2-sided)	0.05
Number of events expected	1443.5604
Power	0.942918994



- Stop analyses until balance and final power assessment are reviewed by primary investigators, FDA, and assigned members of advisory board.

Reviewed by PI:	Shirley Wang	Date reviewed:	
Reviewed by FDA:		Date reviewed:	
Reasons for stopping analysis (if required):			

## Appendix A: COPD Exacerbation (primary outcome), All-cause mortality (secondary outcome)

### COPD Exacerbation

Measured 1 day after drug initiation in primary diagnosis position specified below and inpatient care setting -

#### COPD (Inpatient, Primary)

ICD-9 Diagnosis: 491.x, 492.x, 496

ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x

OR

Measured 1 day after drug initiation in any diagnosis position specified below and inpatient and outpatient care setting AND steroid use within 14 days -

#### COPD (Any care setting, Any position)

ICD-9 Diagnosis: 491.x, 492.x, 496

ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x

AND

#### Corticosteroid systemic administration and/or oral prescription of --

- Prednisone
- Prednisolone
- Methylprednisolone
- Dexamethasone
- Hydrocortisone

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### All-Cause Mortality

Identified using the discharge status codes-

Optum- Inpatient/Outpatient

- 20 = EXPIRED
- 21 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 22 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 23 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 24 = EXPIRED TO BE DEFINED AT STATE LEVEL

- 25 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 26 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 27 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 28 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 29 = EXPIRED TO BE DEFINED AT STATE LEVEL
- 40 = EXPIRED AT HOME (HOSPICE)
- 41 = EXPIRED IN A MEDICAL FACILITY (HOSPICE)
- 42 = EXPIRED - PLACE UNKNOWN (HOSPICE)

Marketscan- Inpatient

- 20 - Died
- 22 - Died
- 23 - Died
- 24 - Died
- 25 - Died
- 26 - Died
- 27 - Died
- 28 - Died
- 29 - Died
- 40 - Other died status or Expired at home (Hospice claims only) (depends on year)
- 41 - Other died status or Expired in medical facility (Hospice claims only) (depends on year)
- 42 - Other died status or Expired - place unknown (Hospice claims only) (depends on year)
- 21 - Died or Disch./Transf. to court/law enforcement (depends on year)

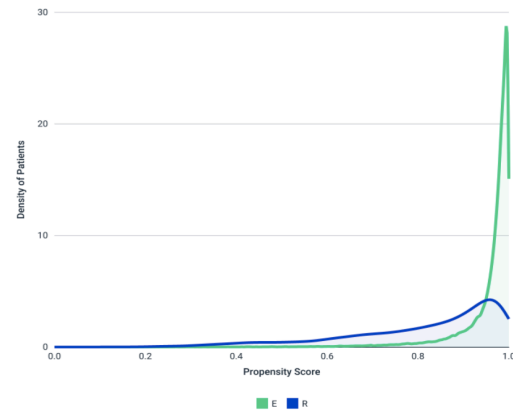
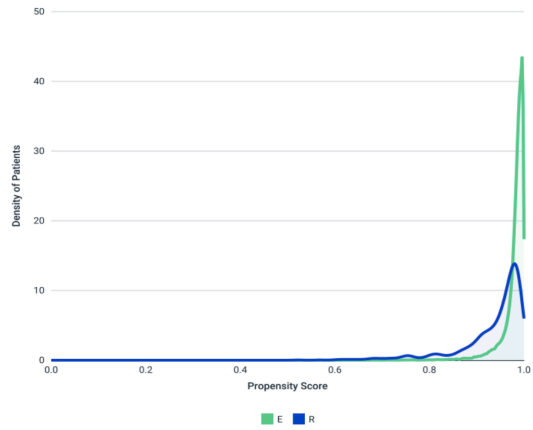
# Appendix A

1	INCLUSION CRITERIA	EXCLUSION CRITERIA	COORDINATOR	COPIED
	<p><b>Trial design: Randomized with three groups: 2 weeks on/off</b></p> <p>Tiotropium 18 mcg once daily vs. Salmeterol hydrofluoralkane 50 mcg twice daily</p> <p>Ability to evaluate the effects of tiotropium (compared to salmeterol) on exacerbations of COPD</p>	<p>Patients with any other respiratory condition</p> <p>Patients on any long-term inhaled therapy</p> <p>Patients on any long-term oral therapy</p> <p>Patients on any long-term systemic corticosteroid therapy</p> <p>Patients on any long-term systemic beta-agonist therapy</p> <p>Patients on any long-term systemic anticholinergic therapy</p> <p>Patients on any long-term systemic antihistamine therapy</p> <p>Patients on any long-term systemic decongestant therapy</p> <p>Patients on any long-term systemic mucolytic therapy</p> <p>Patients on any long-term systemic expectorant therapy</p> <p>Patients on any long-term systemic antitussive therapy</p> <p>Patients on any long-term systemic antiemetic therapy</p> <p>Patients on any long-term systemic anti-nausea therapy</p> <p>Patients on any long-term systemic anti-sickness therapy</p> <p>Patients on any long-term systemic anti-dizziness therapy</p> <p>Patients on any long-term systemic anti-fatigue therapy</p> <p>Patients on any long-term systemic anti-headache therapy</p> <p>Patients on any long-term systemic anti-migraine therapy</p> <p>Patients on any long-term systemic anti-epilepsy therapy</p> <p>Patients on any long-term systemic anti-seizure therapy</p> <p>Patients on any long-term systemic anti-psychosis therapy</p> <p>Patients on any long-term systemic anti-anxiety therapy</p> <p>Patients on any long-term systemic anti-depression therapy</p> <p>Patients on any long-term systemic anti-bipolar therapy</p> <p>Patients on any long-term systemic anti-manic therapy</p> <p>Patients on any long-term systemic anti-hypertension therapy</p> <p>Patients on any long-term systemic anti-diabetes therapy</p> <p>Patients on any long-term systemic anti-lipid therapy</p> <p>Patients on any long-term systemic anti-cholesterol therapy</p> <p>Patients on any long-term systemic anti-triglyceride therapy</p> <p>Patients on any long-term systemic anti-blood sugar therapy</p> <p>Patients on any long-term systemic anti-blood pressure therapy</p> <p>Patients on any long-term systemic anti-blood cholesterol therapy</p> <p>Patients on any long-term systemic anti-blood triglyceride therapy</p> <p>Patients on any long-term systemic anti-blood sugar therapy</p> <p>Patients on any long-term systemic anti-blood pressure therapy</p> <p>Patients on any long-term systemic anti-blood cholesterol therapy</p> <p>Patients on any long-term systemic anti-blood triglyceride therapy</p>	<p>Please see the following Google Drive for further details on any missing information: <a href="https://drive.google.com/drive/folders/1U08888888888888888888888888888888">https://drive.google.com/drive/folders/1U08888888888888888888888888888888</a></p> <p><a href="https://www.clinicaltrials.gov/ct2/show/study/NCT01764430">https://www.clinicaltrials.gov/ct2/show/study/NCT01764430</a></p>	<p>Criteria</p> <p>Adequate mapping in claims</p> <p>Intermediate mapping in claims</p> <p>Poor mapping or cannot be measured in claims</p>
	<p><b>PRIMARY ENDPOINTS</b></p> <p>Primary endpoint: Time to first COPD exacerbation within 1 year</p>	<p>Measured 1 day after drug initiation in primary diagnosis position and inpatient care setting:</p> <p><b>COPD</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>OR</b></p> <p>Measured 1 day after drug initiation in <u>any</u> diagnosis position and inpatient and outpatient care setting AND started use within 14 days:</p> <p><b>COPD</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>AND</b></p> <p>Systemic corticosteroid administration and/or oral prescription of:</p> <p>Prednisone</p> <p>Prednisolone</p> <p>Methylprednisolone</p> <p>Dexamethasone</p> <p>Hydrocortisone</p>		<p>Can't be measured in claims but not important for the analysis</p>
	<p><b>Tiotropium 18 mcg once daily vs. Salmeterol hydrofluoralkane 50 mcg twice daily</b></p>			
1	60 years of age or older	<p>Measured on the day of drug initiation</p> <p>Age &lt; 60</p>		
2	Diagnosis of COPD	<p>Measured from the start of all available data to the day of drug initiation in any diagnosis position and in the inpatient and outpatient care setting:</p> <p><b>COPD</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p>		
3	Not bronchodilator FEV1 < 70% of predicted normal and FEV1 < 70% of FVC and a smoking history of > 20 pack years	<p>Measured 365 days prior to 28 days prior to drug initiation in primary diagnosis position and inpatient care setting:</p> <p><b>COPD</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41, J42.x, J43.x, J44.x</p> <p><b>OR</b></p> <p>Measured 365 days prior to 28 days prior to drug initiation in any diagnosis position and inpatient and outpatient care setting AND started use within 14 days:</p> <p><b>COPD</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>AND</b></p> <p>Systemic corticosteroid administration and/or prescription</p> <p>Prednisone</p> <p>Prednisolone</p> <p>Methylprednisolone</p> <p>Dexamethasone</p> <p>Hydrocortisone</p>		
4	History of at least 1 COPD exacerbation within the past year requiring treatment with antibiotics and/or systemic steroids and/or requiring hospitalization	<p>Measured 365 days prior to 28 days prior to drug initiation in primary diagnosis position and inpatient care setting:</p> <p><b>COPD</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>AND</b></p> <p>Systemic corticosteroid administration and/or prescription</p> <p>Prednisone</p> <p>Prednisolone</p> <p>Methylprednisolone</p> <p>Dexamethasone</p> <p>Hydrocortisone</p>		
	<p><b>EXCLUSION CRITERIA</b></p>			
1	Patients with significant diseases other than COPD that would preclude participation in the trial or interpretation of the results are enrolled	<p>Measured 28 days prior to and including the day of drug initiation in any diagnosis position and in the inpatient and outpatient care setting:</p> <p><b>Upper 71 Diagnosis within 300 days:</b></p> <p>ICD-9 Diagnosis: 493.x</p> <p>ICD-10 Diagnosis: J45.x</p> <p><b>Measured 365 days prior to and including the day of drug initiation in any diagnosis position and in the inpatient and outpatient care setting:</b></p> <p><b>Acute Transfusion:</b></p> <p>ICD-9 Diagnosis: V43.2, V49.83, V99.83</p> <p>ICD-10 Diagnosis: Z94.1, Z78.82, T86.26, T86.21, T86.22</p> <p>ICD-9 Procedure: 33.6, 37.12</p> <p>ICD-10 Procedure: G2YA020, G2YA021, G2YA022</p> <p>PT-4 Code: 33931, 33949</p> <p><b>Acute Respiratory Infection:</b></p> <p>ICD-9 Diagnosis: V43.2x</p> <p>ICD-10 Diagnosis: Z08.811, Z08.812</p> <p>ICD-9 Procedure: 37.65, 37.66</p> <p>ICD-10 Procedure: G2YA085, G2YA085, G2YA085, S402116, S402216, G2YA022, G2YA022, G2YA022</p> <p>PT-4 Code: 33975, 33976, 33979, 33982 - 33983, 33977, 33978, 33980</p>		
2	Patients with a current diagnosis of asthma, severe cardiovascular disorders and use of systemic corticosteroid medication at variable doses	<p>Measured 28 days prior to and including the day of drug initiation in prescription claims:</p> <p><b>Acute Respiratory Infection</b></p> <p>ICD-9 Diagnosis: 480-488.x</p> <p>ICD-10 Diagnosis: J00 - J06.x, J20.x - J22.x</p> <p><b>Respiratory and Influenza</b></p> <p>ICD-9 Diagnosis: 480.x - 488.x</p> <p>ICD-10 Diagnosis: J09.x - J18.x</p> <p><b>COPD (Inpatient - Primary)</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>OR</b></p> <p><b>COPD (Any care setting, Any position)</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>AND</b></p> <p>Corticosteroid systemic administration and/or prescription</p> <p>Prednisone</p>		
3	Patients with any respiratory infection or COPD exacerbation* in the 4 weeks prior to the screening visit (Visit 1) or during the run-in period	<p>Measured 180 days prior to and including the day of drug initiation in prescription claims:</p> <p><b>Acute Respiratory Infection</b></p> <p>ICD-9 Diagnosis: 480-488.x</p> <p>ICD-10 Diagnosis: J00 - J06.x, J20.x - J22.x</p> <p><b>Respiratory and Influenza</b></p> <p>ICD-9 Diagnosis: 480.x - 488.x</p> <p>ICD-10 Diagnosis: J09.x - J18.x</p> <p><b>COPD (Inpatient - Primary)</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>OR</b></p> <p><b>COPD (Any care setting, Any position)</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>AND</b></p> <p>Corticosteroid systemic administration and/or prescription</p> <p>Prednisone</p>		
4	Exclude use of Salmeterol, tiotropium containing inhaler use within 180 days prior to CED	<p>Measured 180 days prior to and including the day of drug initiation in prescription claims:</p> <p><b>Acute Respiratory Infection</b></p> <p>ICD-9 Diagnosis: 480-488.x</p> <p>ICD-10 Diagnosis: J00 - J06.x, J20.x - J22.x</p> <p><b>Respiratory and Influenza</b></p> <p>ICD-9 Diagnosis: 480.x - 488.x</p> <p>ICD-10 Diagnosis: J09.x - J18.x</p> <p><b>COPD (Inpatient - Primary)</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>OR</b></p> <p><b>COPD (Any care setting, Any position)</b></p> <p>ICD-9 Diagnosis: 491.x, 492.x, 496.0</p> <p>ICD-10 Diagnosis: J41.x, J42, J43.x, J44.x</p> <p><b>AND</b></p> <p>Corticosteroid systemic administration and/or prescription</p> <p>Prednisone</p>		

# Appendix B

**Optum** **MarketScan**

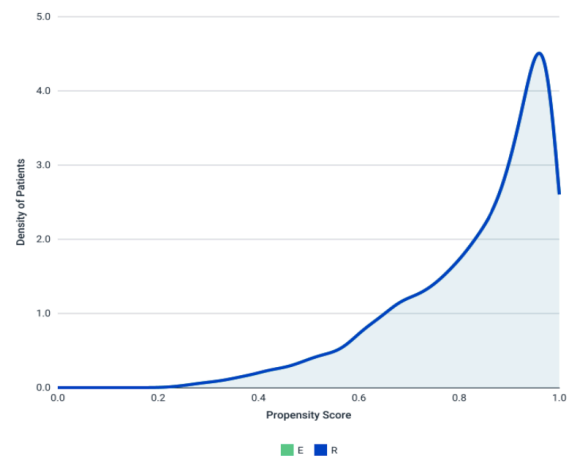
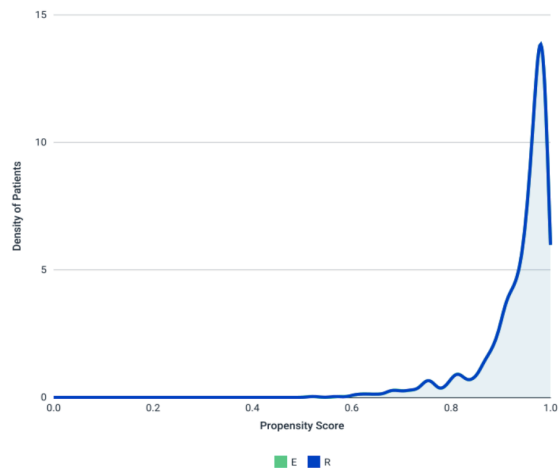
BEFORE PS MATCHING



The c-statistics for the propensity score model, pre-matching was 0.783  
The postmatching c-statistic was 0.581 .

The c-statistics for the propensity score model, pre-matching was 0.833.  
The postmatching c-statistic was 0.547.

AFTER PS MATCHING



UNMATCHED

Table with 4 main columns (OPTUM, MARKETSCAN, POOLED) and multiple sub-columns for metrics like Number of patients, Calendar time, DMG Age, etc. Each cell contains numerical data and a small red/purple indicator.

# Appendix B

HCU - Old hospitalization (180 days to -31 days before CED) : n (%)	751 (23.3%)	11,887 (24.5%)	-0.0281	1,027 (30.2%)	20,572 (51.5%)	-0.0281	1,278 (28.6%)	32,459 (28.5%)	0.002
HCU - Recent hospitalization (30 days to CED date) : n (%)	28 (2.6%)	2,193 (4.5%)	-0.1028	152 (4.5%)	3,447 (5.3%)	-0.0371	180 (4.0%)	5,640 (5.0%)	-0.048
HCU - Number of hospitalizations during CAP									
...mean (sd)	0.35 (0.75)	0.28 (0.78)	-0.0382	0.42 (0.72)	0.44 (0.73)	-0.0274	0.40 (0.74)	0.41 (0.75)	-0.013
...median (IQR)	0.00 (0.00, 0.00)	0.00 (0.00, 1.00)	0.0000	0.00 (0.00, 1.00)	0.00 (0.00, 1.00)	0.0000	0.00 (0.74)	0.00 (0.75)	0.000
HCU - Blood eosinophilia or Serum IgE test order : n (%)*	10 (0.9%)	418 (0.9%)	0.0000	21 (0.6%)	461 (0.7%)	-0.0124	631 (0.7%)	879 (0.8%)	-0.012
HCU - Pneumococcal vaccine : n (%)	133 (12.3%)	7,651 (15.7%)	-0.0981	118 (3.5%)	4,286 (6.4%)	-0.1448	251 (5.4%)	11,537 (10.3%)	-0.181
HCU - Flu vaccine : n (%)	150 (13.8%)	10,097 (20.8%)	-0.0761	368 (10.8%)	8,000 (13.3%)	-0.0739	560 (12.5%)	18,697 (16.4%)	-0.111
HCU - Bone mineral density : n (%)	31 (2.9%)	2,136 (4.4%)	-0.0801	59 (1.7%)	1,728 (2.6%)	-0.0623	090 (2.0%)	3,864 (3.4%)	-0.086
HCU - Pap smear : n (%)	40 (3.7%)	1,243 (2.6%)	0.0630	113 (3.3%)	2,078 (3.2%)	0.0096	153 (3.4%)	3,122 (2.9%)	0.019
HCU - Mammogram : n (%)	120 (11.3%)	4,993 (10.3%)	0.0259	350 (10.3%)	3,340 (5.2%)	0.0725	470 (10.3%)	10,111 (9.1%)	0.047
HCU - Prostate exam for DRE : n (%)	35 (3.2%)	1,790 (3.7%)	-0.0274	28 (0.8%)	1,170 (1.8%)	-0.0884	063 (1.4%)	2,960 (2.6%)	-0.086
HCU - Number of Echocardiogram *									
...mean (sd)	0.64 (0.49)	0.61 (0.97)	0.0093	0.43 (1.23)	0.47 (1.13)	-0.0319	0.48 (0.92)	0.53 (1.12)	-0.024
...median (IQR)	0.00 (0.00, 0.00)	0.00 (0.00, 0.00)	0.0000	0.00 (0.00, 0.00)	0.00 (0.00, 0.00)	0.0000	0.00 (0.92)	0.00 (1.12)	0.000
HCU - Flexible Sigmoidoscopy or colonoscopy or CT virtual colonoscopy : n (%)	60 (5.6%)	2,516 (5.2%)	0.0177	201 (5.9%)	4,071 (6.2%)	-0.0126	261 (5.8%)	6,587 (5.8%)	0.000
HCU - Number of Distinct Medication Prescriptions (not generalized to generics)									
...mean (sd)	29.01 (22.72)	28.46 (20.95)	0.0252	26.91 (17.53)	25.81 (17.21)	0.0633	27.42 (18.91)	26.94 (18.90)	0.025
...median (IQR)	23.00 (14.00, 37.00)	24.00 (14.00, 37.00)	-0.0458	23.00 (15.00, 34.50)	22.00 (14.00, 34.00)	0.0576	23.00 (18.91)	22.85 (18.90)	0.008
SES - Copay for pharmacy cost (charges in U.S.)									
...mean (sd)	33.09 (60.73)	29.56 (35.50)	0.1064	26.74 (27.26)	24.27 (23.93)	0.0963	28.27 (28.13)	26.53 (29.43)	0.060
...median (IQR)	27.02 (12.96, 42.81)	21.96 (7.85, 38.52)	0.1328	21.25 (9.33, 35.86)	19.90 (9.93, 32.60)	0.0526	22.64 (28.13)	20.78 (29.43)	0.065
SES - Business type									
...Commercial : n (%)	394 (36.6%)	11,001 (22.6%)	0.3104				394 (36.6%)	11,001 (22.6%)	0.310
...Medicare : n (%)	683 (63.4%)	37,580 (77.4%)	-0.3104				683 (63.4%)	37,580 (77.4%)	-0.310
SES - Low Income Indicator : n (%)	184 (17.3%)	12,414 (25.6%)	-0.2088				184 (17.3%)	12,414 (25.6%)	-0.209
SES - Insurance Plan type									
...Comprehensive : n (%)				1,232 (36.3%)	21,355 (32.7%)	0.0758	1,232 (36.3%)	21,355 (32.7%)	0.076
...HMO : n (%)				959 (28.2%)	7,748 (11.9%)	0.4158	959 (28.2%)	7,748 (11.9%)	0.416
...PPO : n (%)				965 (28.3%)	28,886 (44.3%)	-0.3374	965 (28.3%)	28,886 (44.3%)	-0.337
...Others : n (%)				245 (7.2%)	7,275 (11.1%)	-0.1356	245 (7.2%)	7,275 (11.1%)	-0.136

\* Not included in PS model





# Appendix B

...median [IQR]	0.00 [0.00, 1.00]	0.00 [0.00, 1.00]	0.0000	0.00 [0.00, 0.00]	0.00 [0.00, 0.00]	0.0000	0.00 [2.54]	0.00 [3.04]	0.000
HCU - Old hospitalization (180 days to -31 days before CED) : n (%)	251 (23.4%)	224 (20.9%)	0.0602	999 (93.4%)	968 (29.5%)	0.0196	1,250 (28.7%)	1,193 (27.4%)	0.029
HCU - Recent hospitalization (30 days to CED date) : n (%)	28 (2.6%)	23 (2.1%)	0.0330	147 (4.5%)	131 (4.0%)	0.0248	175 (4.0%)	154 (3.5%)	0.026
HCU - Number of hospitalizations during CAP									
...mean [sd]	0.35 (0.79)	0.32 (0.76)	0.0387	0.42 (0.72)	0.41 (0.72)	0.0139	0.40 (0.74)	0.39 (0.73)	0.014
...median [IQR]	0.00 [0.00, 0.00]	0.00 [0.00, 0.00]	0.0000	0.00 [0.00, 1.00]	0.00 [0.00, 1.00]	0.0000	0.00 (0.74)	0.00 (0.73)	0.000
HCU - Blood eosinophilia or Serum IgE test order : n (%)	10 (0.9%)	11 (1.0%)	-0.103	20 (0.6%)	25 (0.8%)	-0.0240	63 (0.7%)	69 (0.8%)	-0.013
HCU - Pneumococcal vaccine : n (%)	133 (12.4%)	140 (13.0%)	-0.0180	115 (3.5%)	112 (3.4%)	0.0055	248 (5.7%)	252 (5.8%)	-0.004
HCU - Flu vaccine : n (%)	192 (17.9%)	178 (16.6%)	0.0344	351 (10.7%)	334 (10.2%)	0.0163	543 (12.5%)	512 (11.7%)	0.025
HCU - Bone mineral density : n (%)	31 (2.9%)	24 (2.2%)	-0.0174	148 (4.3%)	146 (4.2%)	-0.0146	289 (2.0%)	100 (2.3%)	-0.021
HCU - Prostate : n (%)	40 (3.7%)	49 (4.6%)	-0.0051	111 (3.4%)	124 (3.8%)	-0.0215	151 (3.5%)	171 (4.0%)	-0.026
HCU - Mammogram : n (%)	120 (11.2%)	117 (11.8%)	-0.0493	114 (10.2%)	118 (10.3%)	-0.0033	454 (10.4%)	475 (10.9%)	-0.018
HCU - Prostate exam for DRE : n (%)	35 (3.3%)	43 (4.0%)	-0.0173	27 (0.8%)	27 (0.8%)	0.0000	062 (1.4%)	070 (1.6%)	-0.016
HCU - Number of Echocardiogram *									
...mean [sd]	0.64 (3.50)	0.46 (1.79)	0.0648	0.44 (1.24)	0.44 (1.13)	0.0000	0.49 (2.04)	0.44 (1.32)	0.029
...median [IQR]	0.00 [0.00, 0.00]	0.00 [0.00, 0.00]	0.0000	0.00 [0.00, 0.00]	0.00 [0.00, 0.00]	0.0000	0.00 (2.04)	0.00 (1.32)	0.000
HCU - Flexible Sigmoidoscopy or colonoscopy or CT virtual colonoscopy : n (%)	60 (5.6%)	62 (5.8%)	-0.0086	194 (5.9%)	190 (5.8%)	0.0043	254 (5.8%)	252 (5.8%)	0.000
HCU - Number of Distinct Medication Prescriptions (incl generalist to generics)									
...mean [sd]	28.97 (22.63)	29.22 (22.55)	-0.0111	26.87 (17.54)	27.20 (17.32)	-0.0189	27.39 (18.92)	27.70 (18.74)	-0.018
...median [IQR]	23.00 [14.00, 37.00]	24.00 [14.00, 38.00]	-0.0443	23.00 [15.00, 35.00]	24.00 [15.00, 36.00]	-0.0974	23.00 (18.92)	24.00 (18.74)	-0.093
SES - Copay for pharmacy cost (charges in U.S.)									
...mean [sd]	53.13 (90.75)	14.27 (37.75)	-0.0351	26.28 (26.21)	26.79 (30.17)	-0.0160	27.97 (27.40)	28.83 (32.20)	-0.022
...median [IQR]	27.07 [12.96, 42.31]	24.89 [11.22, 44.04]	0.0633	21.02 [9.00, 35.43]	21.11 [10.00, 36.00]	-0.0032	22.51 (27.40)	22.04 (32.20)	0.018
SES - Business type									
...Commercial : n (%)	392 (16.5%)	404 (17.7%)	-0.0248				392 (16.5%)	404 (17.7%)	-0.025
...Medicare : n (%)	681 (16.5%)	699 (30.7%)	0.0248				681 (16.5%)	699 (30.7%)	0.025
SES - Low income indicator : n (%)	183 (17.1%)	201 (18.7%)	-0.0417				183 (17.1%)	201 (18.7%)	-0.042
SES - Insurance Plan type									
...Comprehensive : n (%)				1,330 (17.4%)	1,231 (17.5%)	-0.0011	1,230 (17.4%)	1,231 (17.5%)	-0.002
...HMO : n (%)				854 (24.0%)	819 (24.9%)	-0.0253	854 (24.0%)	819 (24.9%)	-0.025
...PPO : n (%)				956 (29.1%)	987 (30.0%)	-0.0197	956 (29.1%)	987 (30.0%)	-0.020
...Other : n (%)				245 (7.5%)	248 (7.5%)	0.0000	245 (7.5%)	248 (7.5%)	0.000

\*Not included in PS model