Disclaimer

The following report(s) provides findings from an FDA-initiated query using Sentinel. While Sentinel queries may be undertaken to assess potential medical product safety risks, they may also be initiated for various other reasons. Some examples include determining a rate or count of an identified health outcome of interest, examining medical product use, exploring the feasibility of future, more detailed analyses within Sentinel, and seeking to better understand Sentinel capabilities.

Data obtained through Sentinel are intended to complement other types of evidence such as preclinical studies, clinical trials, postmarket studies, and adverse event reports, all of which are used by FDA to inform regulatory decisions regarding medical product safety. The information contained in this report is provided as part of FDA's commitment to place knowledge acquired from Sentinel in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel queries will continue to be communicated through existing channels.

FDA wants to emphasize that the fact that FDA has initiated a query involving a medical product and is reporting findings related to that query does not mean that FDA is suggesting health care practitioners should change their prescribing practices for the medical product or that patients taking the medical product should stop using it. Patients who have questions about the use of an identified medical product should contact their health care practitioners.

The following report contains a description of the request, request specifications, and results from the modular program run(s).

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Overview for Request: cder_mpl2r_wp012, Report 4 of 4 (Incident Cohorts)

Request ID: cder_mpl2r_wp012_nsdp_v01

Request Description: In this request, we estimate the longitudinal trend in incident use of long-acting beta-2 agonist (LABA) with and without a long-term asthma controller medication (ACM) among asthma patients in the Sentinel Distributed Database (SDD). This is report 4 of 4 of the incident cohort reports and focuses on longitudinal rates of LABA users in the presence of ACM or fixed dose combination LABAs (FDC-LABA) dispensings among LABA-naive patients with poorly-controlled asthma. This definition of poorly-controlled asthma does not include the requirement of three instances of short-acting beta-2 agonist (SABA) canisters in the baseline period.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) tool, version 9.3.1

Data Source: We distributed this request on April 6, 2020 and queried data from January 1, 2006 through September 30, 2015 in 16 Data Partners contributing to the SDD. See Appendix A for a list of the latest dates of available data for each Data Partner.

Study Design: We followed incident users of LABAs, consisting of both single ingredient LABAs (SI-LABAs) and FDC-LABAs, on their exposed time until censoring criteria are met. We created fifteen cohorts consisting of these LABA users who also had overlapping days supply and/or dispensing date with either SI-LABA or non-LABA ACM episodes. Non-LABA ACM (referred to as simply "ACM" below) are defined as inhaled corticosteroids (ICS), leukotriene modifiers, chromones, oral systemic corticosteroids, immunomodulators, and methylxanthines. We calculated rates based off counts from these cohorts. These rates are then used to create an interrupted time series (ITS) regression model. This is report 4 of 4 and contains results for cohorts 12-15.

Exposures of Interest: We defined exposure of interest as the first qualifying dispensing of any LABA product. New use is defined as having no prior use of any LABA product in the 183 days prior to index date. We defined each exposure and exposure incidence using National Drug Codes (NDCs) observed in the outpatient pharmacy dispensings. Please see Appendix B for a list of generic and brand names of medical products used to define exposures.

Inclusion and Exclusion Criteria: All cohorts required exclusion of chronic obstructive pulmonary disease (COPD), cystic fibrosis, bronchiectasis, pulmonary hypertension or embolism, or bronchopulmonary dysplasia in the 365 days prior to and including index date. Additionally, all cohorts required inclusion of an asthma diagnosis. Cohorts 8-15 also required fulfillment of the poorly controlled asthma inclusion criteria. For cohort 1 only, asthma is defined as one asthma diagnosis in the 365 days prior to index date in any care setting. Otherwise, asthma is defined as either one asthma diagnosis in either an inpatient (IP) or emergency department (ED) care setting, or two instances of asthma diagnosis in either an ambulatory visit (AV) or other ambulatory (OA) care setting in the 365 days prior to or including index date. An individual is considered to have poorly controlled asthma if any of the following inclusion criteria are fulfilled:

1) One instance of ICS or leukotriene modifiers in the 90 days prior to index date
2) One instance of asthma diagnosis in the 90 days prior to index date in either IP or ED care setting
3) Two instances of oral corticosteroids with dispensings of 21 days supply or smaller in the 90 days prior to index date
4) (for cohorts 8-11 only) Three instances of SABA canisters dispensed in the 183 days prior to index date

We defined all inclusion and exclusion criteria using NDCs or International Classification of Diseases, Ninth Revision (ICD-9-CM) diagnosis codes. Please refer to Appendix C for a list of diagnosis codes and Appendix D for a list of generic and brand names of medical products used to define inclusion and exclusion criteria.

Overview for Request: cder_mpl2r_wp012, Report 4 of 4 (Incident Cohorts)

Overlap Criteria: Only users who fulfill overlap criteria specified below enter the cohorts.

Report 4: In this report, we include users in cohorts 12-15 if there is ACM use or FDC-LABA use present during incident LABA use. ACM and FDC-LABA use are defined as any valid exposure episode during the query period, where episodes are created with an episode gap that is 25% of the days supply of the previous dispensing. FDC-LABA use must be preceded by continuous enrollment in medical and prescription drug insurance plans for at least 365 days prior to dispensing date, during which gaps in coverage of up to 45 days were allowed; and do not have chronic obstructive pulmonary disease (COPD), cystic fibrosis, bronchiectasis, pulmonary hypertension or embolism, or bronchopulmonary dysplasia in the 365 days prior to and including FDC-LABA dispensing date. Additional differences are detailed below:

Cohort 12) Users are included in Cohort 12 if there is at least one day of ACM or FDC-LABA use during the incident LABA exposure episode.
Cohort 13) Users are included in Cohort 13 if there is either ACM or FDC-LABA use for at least 50% the duration of the incident LABA exposure episode.
Cohort 14) Users are included in Cohort 14 if there is either ACM or FDC-LABA use for at least 75% the duration of the incident LABA exposure episode.
Cohort 15) Users are included in Cohort 15 if there is either ACM or FDC-LABA use on incident LABA dispensing date.

Follow-Up Time: We determined follow-up time based on the length of exposure episodes, which was defined using days supply information recorded in the outpatient pharmacy dispensings to create any period of continuous exposure. We considered an exposure episode continuous if gaps in days covered by days supply were less than 25% of the previous dispensing's days supply. This query analyzed only the first valid exposure episode per eligible member. Follow-up began on the index date and continued until the last day of supply of the last dispensing, or until the first occurrence of any of the following: 1) disenrollment; 2) death; 3) the end date of the data provided by each Data Partner; or 4) the end of the query period (September 30, 2015).

Analysis: We fitted an autoregression piecewise linear model describing the change of an observed rate over exposure time in months with an autoregression lag of 12 months and an intervention date on June 2, 2010, which is the date of the LABA drug safety communication (DSC)[1] issued by the US Food and Drug Administration (FDA). When determining the number of users in any given month for rate calculation purposes, exposure episode follow-up time is truncated on intervention date. The rate modeled is described below:

Cohort 12) The rate used for the ITS regression model is the number of incident LABA users with at least one day of overlapping ACM or FDC-LABA use among LABA-naive poorly-controlled asthma patients.
Cohort 13) The rate used for the ITS regression model is the number of incident LABA users with at least 50% adherence to ACM or FDC-LABA use among LABA-naive poorly-controlled asthma patients.
Cohort 14) The rate used for the ITS regression model is the number of incident LABA users with at least 75% adherence to ACM or FDC-LABA use among LABA-naive poorly-controlled asthma patients.
Cohort 15) The rate used for the ITS regression model is the number of incident LABA users with same-day ACM or FDC-LABA dispensing among LABA-naive poorly-controlled asthma patients.

ITS regression is performed for overall population and in subgroups defined by: age groups (18-45, 46-64, 65+ years), sex (male, female), and race (American Indian or Alaskan native, Asian, black or African American, native Hawaiian or other Pacific islander, white, or unknown).

Limitations: 1) As with all observational studies, this evaluation is limited in its ability to control for all sources of potential bias. 2) Algorithms to define exposures, inclusion and exclusion criteria, and covariates are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind. 3.) Race data may not completely captured at individual Data Partner. 4.) Piecewise linear regression models were used for the ITS analysis. Seasonality in data was not factored into adjustment.

Please see Appendix E for the parameter specifications used in the analyses.

Overview for Request: cder_mpl2r_wp012, Report 4 of 4 (Incident Cohorts)
Notes: Please contact the Sentinel Operations Center (info@sentinelsystem.org) for questions and to provide comments/suggestions for future enhancements to this document. For more information on Sentinel's routine querying modules, please refer to the documentation (https://dev.sentinelsystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse).

[1]Food and Drug Administration (FDA). 2010 Drug Safety Communications. Available from: https://www.fda.gov/drugs/drug-safety-and-availability/2010-drug-safety-communications. Last updated March 8, 2016. Accessed May 7, 2020.

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Glossary of Terms for Analyses Using Cohort Identification and Descriptive Analysis (CIDA) Module*

Amount Supplied - number of units (pills, tablets, vials) dispensed. Net amount per NDC per dispensing.

Blackout Period - number of days at the beginning of a treatment episode that events are to be ignored. If an event occurs during the blackout period, the episode is excluded.

Care Setting - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency Department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or Missing (U). The Care Setting, along with the Principal Diagnosis Indicator (PDX), forms the Care Setting/PDX parameter.

- **Ambulatory Visit (AV) -** includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters.
- **Emergency Department (ED) -** includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.
- **Inpatient Hospital Stay (IP) -** includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.
- **Non-Acute Institutional Stay (IS) -** includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.
- **Other Ambulatory Visit (OA) -** includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

Charlson/Elixhauser Combined Comorbidity Score - calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (e.g., in the 183 days prior to index).

Code Days - the minimum number of times the diagnosis must be found during the evaluation period in order to fulfill the algorithm to identify the corresponding patient characteristic.

Cohort Definition (drug/exposure) - indicates how the cohort will be defined: 01: Cohort includes only the first valid treatment episode during the query period; 02: Cohort includes all valid treatment episodes during the query period; 03: Cohort includes all valid treatment episodes during the query period until an event occurs.

Computed Start Marketing Date - represents the first observed dispensing date among all valid users within a GROUP (scenario) within each Data Partner site.

Days Supplied - number of days supplied for all dispensings in qualifying treatment episodes.

Eligible Members - number of members eligible for an incident treatment episode (defined by the drug/exposure and event washout periods) with drug and medical coverage during the query period.

Enrollment Gap - number of days allowed between two consecutive enrollment periods without breaking a “continuously enrolled” sequence.

Episodes - treatment episodes; length of episode is determined by days supplied in one dispensing or consecutive dispensings bridged by the episode gap.

Episode Gap - number of days allowed between two (or more) consecutive exposures (dispensings/procedures) to be considered the same treatment episode.

Event Deduplication - specifies how events are counted by the Modular Program (MP) algorithm: 0: Counts all occurrences of a health outcome of interest (HOI) during an exposure episode; 1: de-duplicates occurrences of the same HOI code and code type on the same day; 2: de-duplicates occurrences of the same HOI group on the same day (e.g., de-duplicates at the group level).

Exposure Episode Length - number of days after exposure initiation that is considered "exposed time."

Exposure Extension Period - number of days post treatment period in which the outcomes/events are counted for a treatment episode. Extensions are added after any episode gaps have been bridged.

Lookback Period - number of days wherein a member is required to have evidence of pre-existing condition (diagnosis/procedure/drug dispensing).

Maximum Episode Duration - truncates exposure episodes after a requester-specified number of exposed days. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

Member-Years - sum of all days of enrollment with medical and drug coverage in the query period preceded by an exposure washout period all divided by 365.25.

Minimum Days Supplied - specifies a minimum number of days in length of the days supplied for the episode to be considered.

Minimum Episode Duration - specifies a minimum number of days in length of the episode for it to be considered. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

Monitoring Period - used to define time periods of interest for both sequential analysis and simple cohort characterization requests.

Principal Diagnosis (PDX) - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the Caresetting/PDX parameter.

Query Period - period in which the modular program looks for exposures and outcomes of interest.

Switch Evaluation Step Value - value used to differentiate evaluation step. Each switch pattern can support up to 2 evaluation steps (0 = switch pattern evaluation start; 1 = first evaluation; 2 = second evaluation).

Switch Gap Inclusion Indicator - indicator for whether gaps in treatment episodes that are included in a switch episode will be counted as part of the switch episode duration.

Switch Pattern Cohort Inclusion Date - indicates which date to use for inclusion into the switch pattern cohort of interest as well as optionally as the index date of the treatment episode initiating the switch pattern. Valid options are the product approval date, product marketing date, other requester defined date, or computed start marketing date.

Switch Pattern Cohort Inclusion Strategy - indicates how the switch pattern cohort inclusion date will be used: 01: used only as a switch cohort entry date. First treatment episode dispensing date is used as index for computing time to first switch; 02: used as switch cohort entry date and as initial switch step index date for computing time to first switch.

Treatment Episode Truncation Indicator - indicates whether the exposure episode will be truncated at the occurrence of a requester-specified code.

Washout Period (drug/exposure) - number of days a user is required to have no evidence of prior exposure (drug dispensing/procedure) and continuous drug and medical coverage prior to an incident treatment episode.

Washout Period (event/outcome) - number of days a user is required to have no evidence of a prior event (procedure/diagnosis) and continuous drug and medical coverage prior to an incident treatment episode.

Years at Risk - number of days supplied plus any episode gaps and exposure extension periods all divided by 365.25.

*all terms may not be used in this report

Table 1a. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1]

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters (df = 103)[2]			
Intercept	0.012640	(0.011125, 0.014155)	<.001
Baseline Trend	0.000033	(-0.000027, 0.000093)	0.276
Level Change (After Intervention 1)	-0.001814	(-0.003565, -0.000063)	0.043
Trend Change (After Intervention 1)	-0.000045	(-0.000116, 0.000026)	0.214
Most Parsimonious Final Model Parameters (df = 105)[2,3]			
Intercept	0.013353	(0.012548, 0.014159)	<.001
Level Change (After Intervention 1)	-0.001551	(-0.002572, -0.000530)	0.003

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1b. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Age Group

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Age Group (Years)			
18-45 (df = 103)[2]			
Intercept	0.012452	(0.010970, 0.013934)	<.001
Baseline Trend	0.000020	(-0.000039, 0.000078)	0.501
Level Change (After Intervention 1)	-0.001740	(-0.003473, -0.000006)	0.049
Trend Change (After Intervention 1)	-0.000045	(-0.000114, 0.000025)	0.207
46-64 (df = 103)[2]			
Intercept	0.013968	(0.012364, 0.015572)	<.001
Baseline Trend	0.000046	(-0.000017, 0.000110)	0.152
Level Change (After Intervention 1)	-0.002294	(-0.004178, -0.000411)	0.018
Trend Change (After Intervention 1)	-0.000058	(-0.000133, 0.000018)	0.132
65+ (df = 103)[2]			
Intercept	0.009304	(0.007421, 0.011188)	<.001
Baseline Trend	0.000045	(-0.000028, 0.000118)	0.226
Level Change (After Intervention 1)	-0.000481	(-0.002597, 0.001634)	0.653
Trend Change (After Intervention 1)	-0.000027	(-0.000116, 0.000062)	0.549
Most Parsimonious Final Model Parameters[3]			
Age Group (Years)			
18-45 (df = 105)[2]			
Intercept	0.012857	(0.012058, 0.013656)	<.001
Level Change (After Intervention 1)	-0.002101	(-0.003116, -0.001086)	<.001
46-64 (df = 105)[2]			
Intercept	0.014975	(0.014106, 0.015843)	<.001
Level Change (After Intervention 1)	-0.001756	(-0.002860, -0.000652)	0.002
65+ (df = 105)[2]			
Intercept	0.009767	(0.008503, 0.011032)	<.001
Baseline Trend	0.000021	(0.000000, 0.000042)	0.046

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1c. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Sex

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Sex			
Female (df = 103)[2]			
Intercept	0.012663	(0.011177, 0.014148)	<.001
Baseline Trend	0.000035	(-0.000024, 0.000094)	0.239
Level Change (After Intervention 1)	-0.001735	(-0.003480, 0.000009)	0.051
Trend Change (After Intervention 1)	-0.000048	(-0.000118, 0.000022)	0.176
Male (df = 103)[2]			
Intercept	0.012521	(0.010955, 0.014087)	<.001
Baseline Trend	0.000029	(-0.000032, 0.000091)	0.346
Level Change (After Intervention 1)	-0.002045	(-0.003863, -0.000227)	0.028
Trend Change (After Intervention 1)	-0.000039	(-0.000113, 0.000034)	0.290
Most Parsimonious Final Model Parameters[3]			
Sex			
Female (df = 105)[2]			
Intercept	0.013422	(0.012630, 0.014215)	<.001
Level Change (After Intervention 1)	-0.001448	(-0.002455, -0.000440)	0.005
Male (df = 105)[2]			
Intercept	0.013159	(0.012342, 0.013977)	<.001
Level Change (After Intervention 1)	-0.001785	(-0.002823, -0.000747)	<.001

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1d. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Race			
Unknown (df = 103)[2]			
Intercept	0.015858	(0.014188, 0.017529)	<.001
Baseline Trend	-0.000003	(-0.000069, 0.000063)	0.935
Level Change (After Intervention 1)	-0.002245	(-0.004217, -0.000272)	0.026
Trend Change (After Intervention 1)	-0.000011	(-0.000089, 0.000068)	0.788
American Indian/Alaska Native (df = 103)[3]			
Intercept	0.007848	(0.005599, 0.010097)	<.001
Baseline Trend	0.000079	(-0.000012, 0.000170)	0.090
Level Change (After Intervention 1)	-0.001671	(-0.004506, 0.001164)	0.245
Trend Change (After Intervention 1)	-0.000063	(-0.000167, 0.000041)	0.232
Asian (df = 103)[2]			
Intercept	0.008822	(0.006878, 0.010766)	<.001
Baseline Trend	0.000025	(-0.000053, 0.000104)	0.519
Level Change (After Intervention 1)	0.001314	(-0.001077, 0.003706)	0.278
Trend Change (After Intervention 1)	-0.000021	(-0.000112, 0.000069)	0.642
Black/African American (df = 103)[2]			
Intercept	0.009354	(0.007560, 0.011148)	<.001
Baseline Trend	0.000025	(-0.000045, 0.000095)	0.484
Level Change (After Intervention 1)	0.000434	(-0.001602, 0.002470)	0.673
Trend Change (After Intervention 1)	-0.000017	(-0.000101, 0.000068)	0.699
Native Hawaiian/Other Pacific Islander (df = 103)[3]			
Intercept	0.008904	(0.006957, 0.010851)	<.001
Baseline Trend	0.000009	(-0.000070, 0.000088)	0.826
Level Change (After Intervention 1)	-0.001580	(-0.004035, 0.000875)	0.205
Trend Change (After Intervention 1)	-0.000009	(-0.000099, 0.000081)	0.844
White (df = 103)[2]			
Intercept	0.009144	(0.007682, 0.010606)	<.001
Baseline Trend	0.000063	(0.000006, 0.000121)	0.031
Level Change (After Intervention 1)	-0.000821	(-0.002522, 0.000880)	0.341
Trend Change (After Intervention 1)	-0.000063	(-0.000132, 0.000006)	0.072
Most Parsimonious Final Model Parameters[4]			
Race			
Unknown (df = 105)[2]			
Intercept	0.015785	(0.014938, 0.016632)	<.001
Level Change (After Intervention 1)	-0.002707	(-0.003788, -0.001627)	<.001
American Indian/Alaska Native (df = 106)[3]			
Intercept	0.009809	(0.009108, 0.010509)	<.001

Table 1d. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Most Parsimonious Final Model Parameters[4]			
Race			
Asian (df = 105)[2]			
Intercept	0.009372	(0.008415, 0.010328)	<.001
Level Change (After Intervention 1)	0.001966	(0.000737, 0.003196)	0.002
Black/African American (df = 106)[2]			
Intercept	0.010608	(0.009855, 0.011360)	<.001
Native Hawaiian/Other Pacific Islander (df = 105)[3]			
Intercept	0.009093	(0.008146, 0.010039)	<.001
Level Change (After Intervention 1)	-0.001405	(-0.002628, -0.000183)	0.025
White (df = 106)[2]			
Intercept	0.010787	(0.010219, 0.011355)	<.001

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality. [3]Ordinary least squares method is used to obtain the estimates here. The p-value is calculated under the assumption of asymptotic normality.

[4]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 1e. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1]

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters (df = 103)[2]			
Intercept	0.012228	(0.010721, 0.013735)	<.001
Baseline Trend	0.000042	(-0.000018, 0.000101)	0.165
Level Change (After Intervention 1)	-0.001826	(-0.003565, -0.000087)	0.040
Trend Change (After Intervention 1)	-0.000053	(-0.000124, 0.000018)	0.141
Most Parsimonious Final Model Parameters (df = 105)[2,3]			
Intercept	0.013141	(0.012323, 0.013960)	<.001
Level Change (After Intervention 1)	-0.001379	(-0.002416, -0.000343)	0.010

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1f. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Age Group

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Age Group (Years)			
18-45 (df = 103)[2]			
Intercept	0.012144	(0.010671, 0.013617)	<.001
Baseline Trend	0.000027	(-0.000031, 0.000085)	0.363
Level Change (After Intervention 1)	-0.001762	(-0.003478, -0.000046)	0.044
Trend Change (After Intervention 1)	-0.000051	(-0.000120, 0.000018)	0.148
46-64 (df = 103)[2]			
Intercept	0.013448	(0.011854, 0.015041)	<.001
Baseline Trend	0.000057	(-0.000006, 0.000120)	0.074
Level Change (After Intervention 1)	-0.002307	(-0.004178, -0.000436)	0.016
Trend Change (After Intervention 1)	-0.000068	(-0.000143, 0.000007)	0.074
65+ (df = 103)[2]			
Intercept	0.008841	(0.006972, 0.010711)	<.001
Baseline Trend	0.000054	(-0.000019, 0.000127)	0.143
Level Change (After Intervention 1)	-0.000454	(-0.002563, 0.001654)	0.670
Trend Change (After Intervention 1)	-0.000035	(-0.000124, 0.000053)	0.428
Most Parsimonious Final Model Parameters[3]			
Age Group (Years)			
18-45 (df = 105)[2]			
Intercept	0.012700	(0.011897, 0.013502)	<.001
Level Change (After Intervention 1)	-0.001975	(-0.002993, -0.000957)	<.001
46-64 (df = 105)[2]			
Intercept	0.014706	(0.013814, 0.015599)	<.001
Level Change (After Intervention 1)	-0.001535	(-0.002667, -0.000403)	0.008
65+ (df = 105)[2]			
Intercept	0.009434	(0.008159, 0.010709)	<.001
Baseline Trend	0.000025	(0.000004, 0.000046)	0.019

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1g. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Sex

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Sex			
Female (df = 103)[2]			
Intercept	0.012247	(0.010774, 0.013721)	<.001
Baseline Trend	0.000044	(-0.000014, 0.000102)	0.137
Level Change (After Intervention 1)	-0.001749	(-0.003477, -0.000021)	0.047
Trend Change (After Intervention 1)	-0.000056	(-0.000125, 0.000013)	0.111
Male (df = 103)[2]			
Intercept	0.012119	(0.010541, 0.013697)	<.001
Baseline Trend	0.000038	(-0.000024, 0.000100)	0.227
Level Change (After Intervention 1)	-0.002058	(-0.003882, -0.000235)	0.027
Trend Change (After Intervention 1)	-0.000047	(-0.000122, 0.000027)	0.209
Most Parsimonious Final Model Parameters[3]			
Sex			
Female (df = 105)[2]			
Intercept	0.013207	(0.012405, 0.014008)	<.001
Level Change (After Intervention 1)	-0.001272	(-0.002290, -0.000254)	0.015
Male (df = 105)[2]			
Intercept	0.012951	(0.012114, 0.013789)	<.001
Level Change (After Intervention 1)	-0.001616	(-0.002678, -0.000554)	0.003

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1h. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Race			
Unknown (df = 103)[2]			
Intercept	0.015645	(0.013981, 0.017310)	<.001
Baseline Trend	0.000002	(-0.000064, 0.000068)	0.957
Level Change (After Intervention 1)	-0.002260	(-0.004225, -0.000295)	0.025
Trend Change (After Intervention 1)	-0.000015	(-0.000093, 0.000063)	0.710
American Indian/Alaska Native (df = 103)[3]			
Intercept	0.007504	(0.005271, 0.009737)	<.001
Baseline Trend	0.000082	(-0.000009, 0.000172)	0.076
Level Change (After Intervention 1)	-0.001455	(-0.004271, 0.001362)	0.308
Trend Change (After Intervention 1)	-0.000066	(-0.000169, 0.000037)	0.206
Asian (df = 103)[2]			
Intercept	0.008147	(0.006208, 0.010085)	<.001
Baseline Trend	0.000040	(-0.000038, 0.000118)	0.307
Level Change (After Intervention 1)	0.001259	(-0.001120, 0.003639)	0.296
Trend Change (After Intervention 1)	-0.000034	(-0.000125, 0.000056)	0.452
Black/African American (df = 103)[2]			
Intercept	0.008827	(0.007032, 0.010621)	<.001
Baseline Trend	0.000036	(-0.000034, 0.000107)	0.307
Level Change (After Intervention 1)	0.000410	(-0.001634, 0.002455)	0.691
Trend Change (After Intervention 1)	-0.000027	(-0.000111, 0.000058)	0.531
Native Hawaiian/Other Pacific Islander (df = 103)[3]			
Intercept	0.008749	(0.006780, 0.010718)	<.001
Baseline Trend	0.000010	(-0.000070, 0.000090)	0.801
Level Change (After Intervention 1)	-0.001508	(-0.003990, 0.000975)	0.231
Trend Change (After Intervention 1)	-0.000010	(-0.000101, 0.000080)	0.821
White (df = 103)[2]			
Intercept	0.008479	(0.007016, 0.009943)	<.001
Baseline Trend	0.000077	(0.000020, 0.000135)	0.009
Level Change (After Intervention 1)	-0.000802	(-0.002495, 0.000892)	0.350
Trend Change (After Intervention 1)	-0.000076	(-0.000145, -0.000007)	0.031
Most Parsimonious Final Model Parameters[4]			
Race			
Unknown (df = 105)[2]			
Intercept	0.015670	(0.014826, 0.016514)	<.001
Level Change (After Intervention 1)	-0.002620	(-0.003696, -0.001543)	<.001
American Indian/Alaska Native (df = 106)[3]			
Intercept	0.009691	(0.008993, 0.010390)	<.001

Table 1h. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Most Parsimonious Final Model Parameters[4]			
Race			
Asian (df = 105)[2]			
Intercept	0.009018	(0.008058, 0.009979)	<.001
Level Change (After Intervention 1)	0.002259	(0.001025, 0.003493)	<.001
Black/African American (df = 105)[2]			
Intercept	0.009208	(0.007916, 0.010501)	<.001
Baseline Trend	0.000024	(0.000003, 0.000045)	0.026
Native Hawaiian/Other Pacific Islander (df = 105)[3]			
Intercept	0.008968	(0.008010, 0.009925)	<.001
Level Change (After Intervention 1)	-0.001308	(-0.002544, -0.000071)	0.038
White (df = 106)[2]			
Intercept	0.010610	(0.009972, 0.011248)	<.001

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality. [3]Ordinary least squares method is used to obtain the estimates here. The p-value is calculated under the assumption of asymptotic normality.

[4]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 1i. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1]

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters (df = 103)[2]			
Intercept	0.011877	(0.010376, 0.013378)	<.001
Baseline Trend	0.000049	(-0.000010, 0.000108)	0.099
Level Change (After Intervention 1)	-0.001849	(-0.003577, -0.000122)	0.036
Trend Change (After Intervention 1)	-0.000060	(-0.000131, 0.000011)	0.094
Most Parsimonious Final Model Parameters (df = 105)[2,3]			
Intercept	0.012965	(0.012136, 0.013794)	<.001
Level Change (After Intervention 1)	-0.001242	(-0.002290, -0.000193)	0.021

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1j. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Age Group

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Age Group (Years)			
18-45 (df = 103)[2]			
Intercept	0.011865	(0.010401, 0.013330)	<.001
Baseline Trend	0.000033	(-0.000024, 0.000091)	0.255
Level Change (After Intervention 1)	-0.001792	(-0.003500, -0.000084)	0.040
Trend Change (After Intervention 1)	-0.000057	(-0.000126, 0.000012)	0.103
46-64 (df = 103)[2]			
Intercept	0.013036	(0.011464, 0.014608)	<.001
Baseline Trend	0.000066	(0.000004, 0.000128)	0.039
Level Change (After Intervention 1)	-0.002312	(-0.004157, -0.000467)	0.015
Trend Change (After Intervention 1)	-0.000075	(-0.000149, -0.000002)	0.045
65+ (df = 103)[2]			
Intercept	0.008282	(0.006726, 0.009839)	<.001
Baseline Trend	0.000066	(0.000004, 0.000129)	0.036
Level Change (After Intervention 1)	-0.000396	(-0.002271, 0.001479)	0.676
Trend Change (After Intervention 1)	-0.000047	(-0.000120, 0.000025)	0.200
Most Parsimonious Final Model Parameters[3]			
Age Group (Years)			
18-45 (df = 105)[2]			
Intercept	0.012567	(0.011761, 0.013373)	<.001
Level Change (After Intervention 1)	-0.001867	(-0.002889, -0.000844)	<.001
46-64 (df = 103)[2]			
Intercept	0.013036	(0.011464, 0.014608)	<.001
Baseline Trend	0.000066	(0.000004, 0.000128)	0.039
Level Change (After Intervention 1)	-0.002312	(-0.004157, -0.000467)	0.015
Trend Change (After Intervention 1)	-0.000075	(-0.000149, -0.000002)	0.045
65+ (df = 105)[2]			
Intercept	0.009155	(0.007865, 0.010444)	<.001
Baseline Trend	0.000028	(0.000007, 0.000049)	0.009

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1k. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Sex

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Sex			
Female (df = 103)[2]			
Intercept	0.011898	(0.010432, 0.013364)	<.001
Baseline Trend	0.000052	(-0.000006, 0.000110)	0.079
Level Change (After Intervention 1)	-0.001776	(-0.003492, -0.000060)	0.043
Trend Change (After Intervention 1)	-0.000063	(-0.000132, 0.000006)	0.071
Male (df = 103)[2]			
Intercept	0.011768	(0.010192, 0.013344)	<.001
Baseline Trend	0.000046	(-0.000016, 0.000108)	0.147
Level Change (After Intervention 1)	-0.002073	(-0.003887, -0.000259)	0.026
Trend Change (After Intervention 1)	-0.000054	(-0.000128, 0.000020)	0.150
Most Parsimonious Final Model Parameters[3]			
Sex			
Female (df = 105)[2]			
Intercept	0.013033	(0.012219, 0.013848)	<.001
Level Change (After Intervention 1)	-0.001136	(-0.002169, -0.000102)	0.032
Male (df = 105)[2]			
Intercept	0.012771	(0.011919, 0.013624)	<.001
Level Change (After Intervention 1)	-0.001476	(-0.002555, -0.000396)	0.008

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1l. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Race			
Unknown (df = 103)[2]			
Intercept	0.015443	(0.013792, 0.017093)	<.001
Baseline Trend	0.000006	(-0.000059, 0.000072)	0.853
Level Change (After Intervention 1)	-0.002271	(-0.004221, -0.000322)	0.023
Trend Change (After Intervention 1)	-0.000019	(-0.000096, 0.000059)	0.632
American Indian/Alaska Native (df = 103)[3]			
Intercept	0.007052	(0.004826, 0.009277)	<.001
Baseline Trend	0.000091	(0.000001, 0.000182)	0.047
Level Change (After Intervention 1)	-0.001539	(-0.004345, 0.001267)	0.279
Trend Change (After Intervention 1)	-0.000073	(-0.000176, 0.000030)	0.162
Asian (df = 103)[2]			
Intercept	0.007761	(0.005815, 0.009708)	<.001
Baseline Trend	0.000048	(-0.000030, 0.000126)	0.224
Level Change (After Intervention 1)	0.001220	(-0.001168, 0.003607)	0.313
Trend Change (After Intervention 1)	-0.000041	(-0.000131, 0.000050)	0.376
Black/African American (df = 103)[2]			
Intercept	0.008341	(0.006526, 0.010156)	<.001
Baseline Trend	0.000048	(-0.000023, 0.000119)	0.183
Level Change (After Intervention 1)	0.000370	(-0.001681, 0.002422)	0.721
Trend Change (After Intervention 1)	-0.000038	(-0.000124, 0.000048)	0.382
Native Hawaiian/Other Pacific Islander (df = 103)[3]			
Intercept	0.008510	(0.006535, 0.010485)	<.001
Baseline Trend	0.000013	(-0.000067, 0.000094)	0.740
Level Change (After Intervention 1)	-0.001407	(-0.003897, 0.001084)	0.265
Trend Change (After Intervention 1)	-0.000014	(-0.000105, 0.000077)	0.766
White (df = 103)[2]			
Intercept	0.007922	(0.006451, 0.009393)	<.001
Baseline Trend	0.000090	(0.000032, 0.000147)	0.003
Level Change (After Intervention 1)	-0.000830	(-0.002521, 0.000860)	0.332
Trend Change (After Intervention 1)	-0.000087	(-0.000157, -0.000018)	0.014
Most Parsimonious Final Model Parameters[4]			
Race			
Unknown (df = 105)[2]			
Intercept	0.015564	(0.014726, 0.016402)	<.001
Level Change (After Intervention 1)	-0.002537	(-0.003606, -0.001468)	<.001
American Indian/Alaska Native (df = 106)[3]			
Intercept	0.009566	(0.008864, 0.010267)	<.001

Table 1l. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Most Parsimonious Final Model Parameters[4]			
Race			
Asian (df = 105)[2]			
Intercept	0.008805	(0.007838, 0.009772)	<.001
Level Change (After Intervention 1)	0.002431	(0.001188, 0.003673)	<.001
Black/African American (df = 105)[2]			
Intercept	0.008898	(0.007566, 0.010230)	<.001
Baseline Trend	0.000028	(0.000006, 0.000049)	0.013
Native Hawaiian/Other Pacific Islander (df = 106)[3]			
Intercept	0.008116	(0.007501, 0.008730)	<.001
White (df = 104)[2]			
Intercept	0.008157	(0.006730, 0.009584)	<.001
Baseline Trend	0.000072	(0.000025, 0.000120)	0.003
Trend Change (After Intervention 1)	-0.000078	(-0.000147, -0.000010)	0.025

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality. [3]Ordinary least squares method is used to obtain the estimates here. The p-value is calculated under the assumption of asymptotic normality.

[4]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 1m. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1]

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters (df = 103)[2]			
Intercept	0.012436	(0.010922, 0.013951)	<.001
Baseline Trend	0.000037	(-0.000022, 0.000097)	0.219
Level Change (After Intervention 1)	-0.001826	(-0.003574, -0.000079)	0.041
Trend Change (After Intervention 1)	-0.000049	(-0.000120, 0.000023)	0.180
Most Parsimonious Final Model Parameters (df = 105)[2,3]			
Intercept	0.013245	(0.012434, 0.014056)	<.001
Level Change (After Intervention 1)	-0.001467	(-0.002495, -0.000439)	0.006

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1n. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Age Group

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Age Group (Years)			
18-45 (df = 103)[2]			
Intercept	0.012334	(0.010855, 0.013813)	<.001
Baseline Trend	0.000022	(-0.000036, 0.000081)	0.450
Level Change (After Intervention 1)	-0.001751	(-0.003479, -0.000023)	0.047
Trend Change (After Intervention 1)	-0.000046	(-0.000116, 0.000023)	0.187
46-64 (df = 103)[2]			
Intercept	0.013696	(0.012102, 0.015290)	<.001
Baseline Trend	0.000052	(-0.000012, 0.000115)	0.108
Level Change (After Intervention 1)	-0.002289	(-0.004159, -0.000419)	0.017
Trend Change (After Intervention 1)	-0.000062	(-0.000137, 0.000012)	0.101
65+ (df = 103)[2]			
Intercept	0.009024	(0.007117, 0.010931)	<.001
Baseline Trend	0.000052	(-0.000022, 0.000126)	0.169
Level Change (After Intervention 1)	-0.000549	(-0.002681, 0.001583)	0.611
Trend Change (After Intervention 1)	-0.000033	(-0.000123, 0.000058)	0.475
Most Parsimonious Final Model Parameters[3]			
Age Group (Years)			
18-45 (df = 105)[2]			
Intercept	0.012793	(0.011994, 0.013591)	<.001
Level Change (After Intervention 1)	-0.002052	(-0.003067, -0.001038)	<.001
46-64 (df = 105)[2]			
Intercept	0.014823	(0.013946, 0.015700)	<.001
Level Change (After Intervention 1)	-0.001632	(-0.002745, -0.000518)	0.004
65+ (df = 105)[2]			
Intercept	0.009579	(0.008289, 0.010869)	<.001
Baseline Trend	0.000023	(0.000002, 0.000044)	0.031

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1o. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Sex

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Sex			
Female (df = 103)[2]			
Intercept	0.012468	(0.010981, 0.013955)	<.001
Baseline Trend	0.000039	(-0.000020, 0.000098)	0.191
Level Change (After Intervention 1)	-0.001739	(-0.003482, 0.000004)	0.051
Trend Change (After Intervention 1)	-0.000051	(-0.000121, 0.000019)	0.148
Male (df = 103)[2]			
Intercept	0.012299	(0.010738, 0.013860)	<.001
Baseline Trend	0.000034	(-0.000027, 0.000096)	0.272
Level Change (After Intervention 1)	-0.002073	(-0.003883, -0.000264)	0.025
Trend Change (After Intervention 1)	-0.000043	(-0.000117, 0.000030)	0.244
Most Parsimonious Final Model Parameters[3]			
Sex			
Female (df = 105)[2]			
Intercept	0.013314	(0.012517, 0.014112)	<.001
Level Change (After Intervention 1)	-0.001362	(-0.002376, -0.000349)	0.009
Male (df = 105)[2]			
Intercept	0.013046	(0.012226, 0.013866)	<.001
Level Change (After Intervention 1)	-0.001698	(-0.002739, -0.000657)	0.002

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality.

[3]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05

Table 1p. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Initial Model Parameters			
Race			
Unknown (df = 103)[2]			
Intercept	0.015736	(0.014070, 0.017402)	<.001
Baseline Trend	-0.000000	(-0.000066, 0.000066)	0.997
Level Change (After Intervention 1)	-0.002258	(-0.004225, -0.000292)	0.025
Trend Change (After Intervention 1)	-0.000013	(-0.000091, 0.000065)	0.744
American Indian/Alaska Native (df = 103)[3]			
Intercept	0.007930	(0.005717, 0.010143)	<.001
Baseline Trend	0.000068	(-0.000022, 0.000158)	0.136
Level Change (After Intervention 1)	-0.001331	(-0.004121, 0.001460)	0.347
Trend Change (After Intervention 1)	-0.000052	(-0.000154, 0.000050)	0.315
Asian (df = 103)[2]			
Intercept	0.008559	(0.006602, 0.010516)	<.001
Baseline Trend	0.000032	(-0.000047, 0.000110)	0.423
Level Change (After Intervention 1)	0.001259	(-0.001148, 0.003666)	0.302
Trend Change (After Intervention 1)	-0.000027	(-0.000118, 0.000064)	0.560
Black/African American (df = 103)[2]			
Intercept	0.009273	(0.007467, 0.011079)	<.001
Baseline Trend	0.000024	(-0.000047, 0.000094)	0.506
Level Change (After Intervention 1)	0.000540	(-0.001501, 0.002582)	0.601
Trend Change (After Intervention 1)	-0.000015	(-0.000100, 0.000070)	0.725
Native Hawaiian/Other Pacific Islander (df = 103)[3]			
Intercept	0.008936	(0.006992, 0.010881)	<.001
Baseline Trend	0.000006	(-0.000073, 0.000085)	0.879
Level Change (After Intervention 1)	-0.001478	(-0.003929, 0.000974)	0.235
Trend Change (After Intervention 1)	-0.000007	(-0.000097, 0.000082)	0.872
White (df = 103)[2]			
Intercept	0.008792	(0.007319, 0.010265)	<.001
Baseline Trend	0.000071	(0.000013, 0.000129)	0.017
Level Change (After Intervention 1)	-0.000839	(-0.002541, 0.000863)	0.331
Trend Change (After Intervention 1)	-0.000070	(-0.000139, -0.000000)	0.049
Most Parsimonious Final Model Parameters[4]			
Race			
Unknown (df = 105)[2]			
Intercept	0.015720	(0.014875, 0.016565)	<.001
Level Change (After Intervention 1)	-0.002659	(-0.003736, -0.001581)	<.001
American Indian/Alaska Native (df = 106)[3]			
Intercept	0.009739	(0.009050, 0.010427)	<.001

Table 1p. Parameter Estimates from the Segmented Regression Model of Monthly Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1], by Race

	Beta Estimate	95% Confidence Interval	Approximate P-Value
Most Parsimonious Final Model Parameters[4]			
Race			
Asian (df = 105)[2]			
Intercept	0.009245	(0.008284, 0.010207)	<.001
Level Change (After Intervention 1)	0.002066	(0.000830, 0.003302)	0.001
Black/African American (df = 106)[2]			
Intercept	0.010558	(0.009780, 0.011337)	<.001
Native Hawaiian/Other Pacific Islander (df = 105)[3]			
Intercept	0.009067	(0.008122, 0.010013)	<.001
Level Change (After Intervention 1)	-0.001392	(-0.002613, -0.000171)	0.026
White (df = 106)[2]			
Intercept	0.010688	(0.010084, 0.011293)	<.001

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

[2]df = degrees of freedom. Maximum likelihood estimation method is used to obtain the estimates here. Maximum likelihood estimation method adjusts for autocorrelation. The p-value is calculated under the assumption of asymptotic normality. [3]Ordinary least squares method is used to obtain the estimates here. The p-value is calculated under the assumption of asymptotic normality.

[4]Most parsimonious final model parameters were selected from initial model parameters using backwards selection with a cutoff of 0.05
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 2a. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Absolute Change at 6 Months after Intervention 1	-0.001551	(-0.002560, -0.000541)	0.011803	0.013353
Relative Change (Percent) at 6 Months after Intervention 1	-11.61	(-18.66, -4.56)	0.011803	0.013353
Absolute Change at 12 Months after Intervention 1	-0.001551	(-0.002560, -0.000541)	0.011803	0.013353
Relative Change (Percent) at 12 Months after Intervention 1	-11.61	(-18.66, -4.56)	0.011803	0.013353

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2b. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Age Group

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Age Group (Years)				
18-45				
Absolute Change at 6 Months after Intervention 1	-0.002101	(-0.003105, -0.001097)	0.010756	0.012857
Relative Change (Percent) at 6 Months after Intervention 1	-16.34	(-23.42, -9.26)	0.010756	0.012857
Absolute Change at 12 Months after Intervention 1	-0.002101	(-0.003105, -0.001097)	0.010756	0.012857
Relative Change (Percent) at 12 Months after Intervention 1	-16.34	(-23.42, -9.26)	0.010756	0.012857
46-64				
Absolute Change at 6 Months after Intervention 1	-0.001756	(-0.002847, -0.000665)	0.013219	0.014975
Relative Change (Percent) at 6 Months after Intervention 1	-11.73	(-18.52, -4.93)	0.013219	0.014975
Absolute Change at 12 Months after Intervention 1	-0.001756	(-0.002847, -0.000665)	0.013219	0.014975
Relative Change (Percent) at 12 Months after Intervention 1	-11.73	(-18.52, -4.93)	0.013219	0.014975
65+				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010771	0.010771
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010771	0.010771
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010897	0.010897
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010897	0.010897

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2c. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Sex

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Sex				
Female				
Absolute Change at 6 Months after Intervention 1	-0.001448	(-0.002444, -0.000451)	0.011975	0.013422
Relative Change (Percent) at 6 Months after Intervention 1	-10.78	(-17.74, -3.83)	0.011975	0.013422
Absolute Change at 12 Months after Intervention 1	-0.001448	(-0.002444, -0.000451)	0.011975	0.013422
Relative Change (Percent) at 12 Months after Intervention 1	-10.78	(-17.74, -3.83)	0.011975	0.013422
Male				
Absolute Change at 6 Months after Intervention 1	-0.001785	(-0.002811, -0.000759)	0.011374	0.013159
Relative Change (Percent) at 6 Months after Intervention 1	-13.57	(-20.75, -6.38)	0.011374	0.013159
Absolute Change at 12 Months after Intervention 1	-0.001785	(-0.002811, -0.000759)	0.011374	0.013159
Relative Change (Percent) at 12 Months after Intervention 1	-13.57	(-20.75, -6.38)	0.011374	0.013159

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2d. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
Unknown				
Absolute Change at 6 Months after Intervention 1	-0.002707	(-0.003776, -0.001639)	0.013077	0.015785
Relative Change (Percent) at 6 Months after Intervention 1	-17.15	(-23.26, -11.05)	0.013077	0.015785
Absolute Change at 12 Months after Intervention 1	-0.002707	(-0.003776, -0.001639)	0.013077	0.015785
Relative Change (Percent) at 12 Months after Intervention 1	-17.15	(-23.26, -11.05)	0.013077	0.015785
American Indian/Alaska Native				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009809	0.009809
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.009809	0.009809
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009809	0.009809
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.009809	0.009809
Asian				
Absolute Change at 6 Months after Intervention 1	0.001966	(0.000749, 0.003183)	0.011338	0.009372
Relative Change (Percent) at 6 Months after Intervention 1	20.98	(6.30, 35.66)	0.011338	0.009372
Absolute Change at 12 Months after Intervention 1	0.001966	(0.000749, 0.003183)	0.011338	0.009372
Relative Change (Percent) at 12 Months after Intervention 1	20.98	(6.30, 35.66)	0.011338	0.009372
Black/African American				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010608	0.010608
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010608	0.010608
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010608	0.010608
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010608	0.010608
Native Hawaiian/Other Pacific Islander				
Absolute Change at 6 Months after Intervention 1	-0.001405	(-0.002613, -0.000197)	0.007687	0.009093
Relative Change (Percent) at 6 Months after Intervention 1	-15.46	(-27.55, -3.36)	0.007687	0.009093
Absolute Change at 12 Months after Intervention 1	-0.001405	(-0.002613, -0.000197)	0.007687	0.009093
Relative Change (Percent) at 12 Months after Intervention 1	-15.46	(-27.55, -3.36)	0.007687	0.009093

Table 2d. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
White				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010787	0.010787
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010787	0.010787
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010787	0.010787
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010787	0.010787

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 2e. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Absolute Change at 6 Months after Intervention 1	-0.001379	(-0.002404, -0.000355)	0.011762	0.013141
Relative Change (Percent) at 6 Months after Intervention 1	-10.50	(-17.82, -3.18)	0.011762	0.013141
Absolute Change at 12 Months after Intervention 1	-0.001379	(-0.002404, -0.000355)	0.011762	0.013141
Relative Change (Percent) at 12 Months after Intervention 1	-10.50	(-17.82, -3.18)	0.011762	0.013141

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2f. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Age Group

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Age Group				
18-45				
Absolute Change at 6 Months after Intervention 1	-0.001975	(-0.002982, -0.000968)	0.010725	0.012700
Relative Change (Percent) at 6 Months after Intervention 1	-15.55	(-22.77, -8.33)	0.010725	0.012700
Absolute Change at 12 Months after Intervention 1	-0.001975	(-0.002982, -0.000968)	0.010725	0.012700
Relative Change (Percent) at 12 Months after Intervention 1	-15.55	(-22.77, -8.33)	0.010725	0.012700
46-64				
Absolute Change at 6 Months after Intervention 1	-0.001535	(-0.002654, -0.000416)	0.013171	0.014706
Relative Change (Percent) at 6 Months after Intervention 1	-10.44	(-17.59, -3.29)	0.013171	0.014706
Absolute Change at 12 Months after Intervention 1	-0.001535	(-0.002654, -0.000416)	0.013171	0.014706
Relative Change (Percent) at 12 Months after Intervention 1	-10.44	(-17.59, -3.29)	0.013171	0.014706
65+				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010626	0.010626
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010626	0.010626
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010775	0.010775
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010775	0.010775

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2g. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Sex

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Sex				
Female				
Absolute Change at 6 Months after Intervention 1	-0.001272	(-0.002278, -0.000265)	0.011935	0.013207
Relative Change (Percent) at 6 Months after Intervention 1	-9.63	(-16.82, -2.44)	0.011935	0.013207
Absolute Change at 12 Months after Intervention 1	-0.001272	(-0.002278, -0.000265)	0.011935	0.013207
Relative Change (Percent) at 12 Months after Intervention 1	-9.63	(-16.82, -2.44)	0.011935	0.013207
Male				
Absolute Change at 6 Months after Intervention 1	-0.001616	(-0.002665, -0.000566)	0.011336	0.012951
Relative Change (Percent) at 6 Months after Intervention 1	-12.47	(-19.99, -4.96)	0.011336	0.012951
Absolute Change at 12 Months after Intervention 1	-0.001616	(-0.002665, -0.000566)	0.011336	0.012951
Relative Change (Percent) at 12 Months after Intervention 1	-12.47	(-19.99, -4.96)	0.011336	0.012951

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2h. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
Unknown				
Absolute Change at 6 Months after Intervention 1	-0.002620	(-0.003685, -0.001555)	0.013050	0.015670
Relative Change (Percent) at 6 Months after Intervention 1	-16.72	(-22.86, -10.58)	0.013050	0.015670
Absolute Change at 12 Months after Intervention 1	-0.002620	(-0.003685, -0.001555)	0.013050	0.015670
Relative Change (Percent) at 12 Months after Intervention 1	-16.72	(-22.86, -10.58)	0.013050	0.015670
American Indian/Alaska Native				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009691	0.009691
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.009691	0.009691
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009691	0.009691
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.009691	0.009691
Asian				
Absolute Change at 6 Months after Intervention 1	0.002259	(0.001037, 0.003481)	0.011277	0.009018
Relative Change (Percent) at 6 Months after Intervention 1	25.05	(9.38, 40.72)	0.011277	0.009018
Absolute Change at 12 Months after Intervention 1	0.002259	(0.001037, 0.003481)	0.011277	0.009018
Relative Change (Percent) at 12 Months after Intervention 1	25.05	(9.38, 40.72)	0.011277	0.009018
Black/African American				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010356	0.010356
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010356	0.010356
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010499	0.010499
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010499	0.010499
Native Hawaiian/Other Pacific Islander				
Absolute Change at 6 Months after Intervention 1	-0.001308	(-0.002530, -0.000086)	0.007660	0.008968
Relative Change (Percent) at 6 Months after Intervention 1	-14.58	(-27.05, -2.11)	0.007660	0.008968
Absolute Change at 12 Months after Intervention 1	-0.001308	(-0.002530, -0.000086)	0.007660	0.008968
Relative Change (Percent) at 12 Months after Intervention 1	-14.58	(-27.05, -2.11)	0.007660	0.008968

Table 2h. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
White				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010610	0.010610
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010610	0.010610
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010610	0.010610
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010610	0.010610

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 2i. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Absolute Change at 6 Months after Intervention 1	-0.001242	(-0.002278, -0.000205)	0.011724	0.012965
Relative Change (Percent) at 6 Months after Intervention 1	-9.58	(-17.12, -2.03)	0.011724	0.012965
Absolute Change at 12 Months after Intervention 1	-0.001242	(-0.002278, -0.000205)	0.011724	0.012965
Relative Change (Percent) at 12 Months after Intervention 1	-9.58	(-17.12, -2.03)	0.011724	0.012965

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2j. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Age Group

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Age Group (Years)				
18-45				
Absolute Change at 6 Months after Intervention 1	-0.001867	(-0.002878, -0.000855)	0.010700	0.012567
Relative Change (Percent) at 6 Months after Intervention 1	-14.85	(-22.21, -7.50)	0.010700	0.012567
Absolute Change at 12 Months after Intervention 1	-0.001867	(-0.002878, -0.000855)	0.010700	0.012567
Relative Change (Percent) at 12 Months after Intervention 1	-14.85	(-22.21, -7.50)	0.010700	0.012567
46-64				
Absolute Change at 6 Months after Intervention 1	-0.002764	(-0.004764, -0.000765)	0.013422	0.016186
Relative Change (Percent) at 6 Months after Intervention 1	-17.08	(-27.89, -6.26)	0.013422	0.016186
Absolute Change at 12 Months after Intervention 1	-0.003216	(-0.005454, -0.000978)	0.013364	0.016580
Relative Change (Percent) at 12 Months after Intervention 1	-19.40	(-30.68, -8.12)	0.013364	0.016580
65+				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010504	0.010504
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010504	0.010504
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010672	0.010672
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010672	0.010672

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2k. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Sex

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Sex				
Female				
Absolute Change at 6 Months after Intervention 1	-0.001136	(-0.002158, -0.000114)	0.011897	0.013033
Relative Change (Percent) at 6 Months after Intervention 1	-8.72	(-16.15, -1.28)	0.011897	0.013033
Absolute Change at 12 Months after Intervention 1	-0.001136	(-0.002158, -0.000114)	0.011897	0.013033
Relative Change (Percent) at 12 Months after Intervention 1	-8.72	(-16.15, -1.28)	0.011897	0.013033
Male				
Absolute Change at 6 Months after Intervention 1	-0.001476	(-0.002543, -0.000408)	0.011296	0.012771
Relative Change (Percent) at 6 Months after Intervention 1	-11.55	(-19.35, -3.76)	0.011296	0.012771
Absolute Change at 12 Months after Intervention 1	-0.001476	(-0.002543, -0.000408)	0.011296	0.012771
Relative Change (Percent) at 12 Months after Intervention 1	-11.55	(-19.35, -3.76)	0.011296	0.012771

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2l. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
Unknown				
Absolute Change at 6 Months after Intervention 1	-0.002537	(-0.003594, -0.001480)	0.013027	0.015564
Relative Change (Percent) at 6 Months after Intervention 1	-16.30	(-22.46, -10.14)	0.013027	0.015564
Absolute Change at 12 Months after Intervention 1	-0.002537	(-0.003594, -0.001480)	0.013027	0.015564
Relative Change (Percent) at 12 Months after Intervention 1	-16.30	(-22.46, -10.14)	0.013027	0.015564
American Indian/Alaska Native				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009566	0.009566
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.009566	0.009566
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009566	0.009566
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.009566	0.009566
Asian				
Absolute Change at 6 Months after Intervention 1	0.002431	(0.001200, 0.003661)	0.011235	0.008805
Relative Change (Percent) at 6 Months after Intervention 1	27.61	(11.21, 44.01)	0.011235	0.008805
Absolute Change at 12 Months after Intervention 1	0.002431	(0.001200, 0.003661)	0.011235	0.008805
Relative Change (Percent) at 12 Months after Intervention 1	27.61	(11.21, 44.01)	0.011235	0.008805
Black/African American				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010222	0.010222
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010222	0.010222
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010387	0.010387
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010387	0.010387
Native Hawaiian/Other Pacific Islander				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.008116	0.008116
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.008116	0.008116
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.008116	0.008116
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.008116	0.008116

Table 2l. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
White				
Absolute Change at 6 Months after Intervention 1	-0.000470	(-0.000875, -0.000064)	0.011165	0.011634
Relative Change (Percent) at 6 Months after Intervention 1	-4.04	(-7.15, -0.93)	0.011165	0.011634
Absolute Change at 12 Months after Intervention 1	-0.000939	(-0.001750, -0.000128)	0.011130	0.012069
Relative Change (Percent) at 12 Months after Intervention 1	-7.78	(-13.63, -1.93)	0.011130	0.012069

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

Table 2m. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Absolute Change at 6 Months after Intervention 1	-0.001467	(-0.002483, -0.000451)	0.011778	0.013245
Relative Change (Percent) at 6 Months after Intervention 1	-11.08	(-18.26, -3.90)	0.011778	0.013245
Absolute Change at 12 Months after Intervention 1	-0.001467	(-0.002483, -0.000451)	0.011778	0.013245
Relative Change (Percent) at 12 Months after Intervention 1	-11.08	(-18.26, -3.90)	0.011778	0.013245

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2n. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Age Group

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Age Group (Years)				
18-45				
Absolute Change at 6 Months after Intervention 1	-0.002052	(-0.003056, -0.001049)	0.010740	0.012793
Relative Change (Percent) at 6 Months after Intervention 1	-16.04	(-23.16, -8.92)	0.010740	0.012793
Absolute Change at 12 Months after Intervention 1	-0.002052	(-0.003056, -0.001049)	0.010740	0.012793
Relative Change (Percent) at 12 Months after Intervention 1	-16.04	(-23.16, -8.92)	0.010740	0.012793
46-64				
Absolute Change at 6 Months after Intervention 1	-0.001632	(-0.002733, -0.000531)	0.013191	0.014823
Relative Change (Percent) at 6 Months after Intervention 1	-11.01	(-17.96, -4.06)	0.013191	0.014823
Absolute Change at 12 Months after Intervention 1	-0.001632	(-0.002733, -0.000531)	0.013191	0.014823
Relative Change (Percent) at 12 Months after Intervention 1	-11.01	(-17.96, -4.06)	0.013191	0.014823
65+				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010686	0.010686
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010686	0.010686
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010824	0.010824
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010824	0.010824

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2o. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Sex

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Sex				
Female				
Absolute Change at 6 Months after Intervention 1	-0.001362	(-0.002364, -0.000360)	0.011952	0.013314
Relative Change (Percent) at 6 Months after Intervention 1	-10.23	(-17.31, -3.16)	0.011952	0.013314
Absolute Change at 12 Months after Intervention 1	-0.001362	(-0.002364, -0.000360)	0.011952	0.013314
Relative Change (Percent) at 12 Months after Intervention 1	-10.23	(-17.31, -3.16)	0.011952	0.013314
Male				
Absolute Change at 6 Months after Intervention 1	-0.001698	(-0.002727, -0.000669)	0.011348	0.013046
Relative Change (Percent) at 6 Months after Intervention 1	-13.02	(-20.31, -5.72)	0.011348	0.013046
Absolute Change at 12 Months after Intervention 1	-0.001698	(-0.002727, -0.000669)	0.011348	0.013046
Relative Change (Percent) at 12 Months after Intervention 1	-13.02	(-20.31, -5.72)	0.011348	0.013046

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.

Table 2p. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

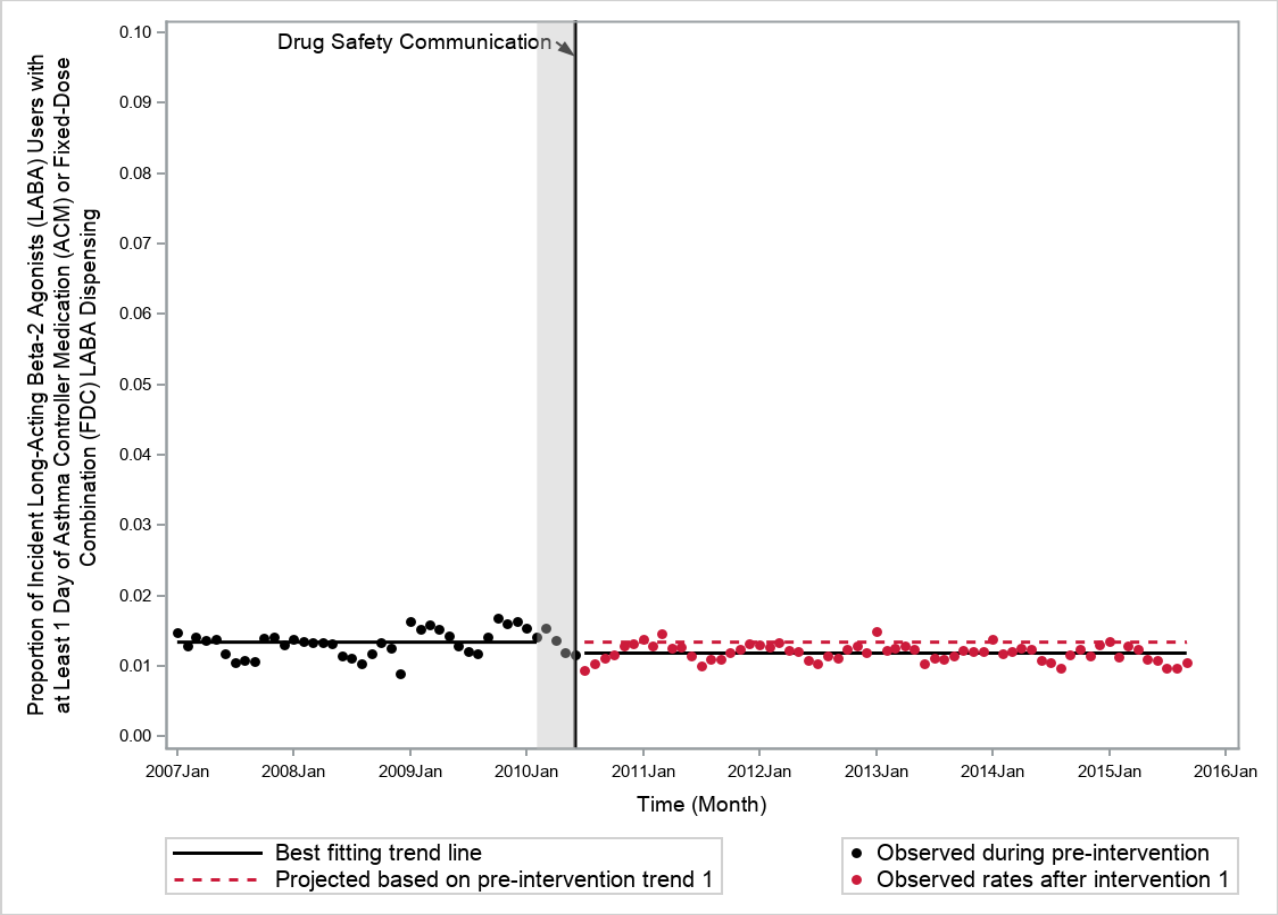
Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
Unknown				
Absolute Change at 6 Months after Intervention 1	-0.002659	(-0.003724, -0.001593)	0.013061	0.015720
Relative Change (Percent) at 6 Months after Intervention 1	-16.91	(-23.03, -10.79)	0.013061	0.015720
Absolute Change at 12 Months after Intervention 1	-0.002659	(-0.003724, -0.001593)	0.013061	0.015720
Relative Change (Percent) at 12 Months after Intervention 1	-16.91	(-23.03, -10.79)	0.013061	0.015720
American Indian/Alaska Native				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009739	0.009739
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.009739	0.009739
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.009739	0.009739
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.009739	0.009739
Asian				
Absolute Change at 6 Months after Intervention 1	0.002066	(0.000842, 0.003290)	0.011311	0.009245
Relative Change (Percent) at 6 Months after Intervention 1	22.35	(7.27, 37.42)	0.011311	0.009245
Absolute Change at 12 Months after Intervention 1	0.002066	(0.000842, 0.003290)	0.011311	0.009245
Relative Change (Percent) at 12 Months after Intervention 1	22.35	(7.27, 37.42)	0.011311	0.009245
Black/African American				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010558	0.010558
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010558	0.010558
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010558	0.010558
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010558	0.010558
Native Hawaiian/Other Pacific Islander				
Absolute Change at 6 Months after Intervention 1	-0.001392	(-0.002598, -0.000185)	0.007675	0.009067
Relative Change (Percent) at 6 Months after Intervention 1	-15.35	(-27.47, -3.23)	0.007675	0.009067
Absolute Change at 12 Months after Intervention 1	-0.001392	(-0.002598, -0.000185)	0.007675	0.009067
Relative Change (Percent) at 12 Months after Intervention 1	-15.35	(-27.47, -3.23)	0.007675	0.009067

Table 2p. Absolute and Relative Changes in Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) in the Sentinel Distributed Database (SDD) after June 2, 2010[1] Compared with Expected Rates Derived from Baseline Trend, by Race

Outcome Measure	Beta Estimate	95% Confidence Interval	Predicted Rate (With Intervention)	Extrapolated Rate (Without Intervention)
Race				
White				
Absolute Change at 6 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010688	0.010688
Relative Change (Percent) at 6 Months after Intervention 1	0.00	(0.00, 0.00)	0.010688	0.010688
Absolute Change at 12 Months after Intervention 1	0.000000	(0.000000, 0.000000)	0.010688	0.010688
Relative Change (Percent) at 12 Months after Intervention 1	0.00	(0.00, 0.00)	0.010688	0.010688

[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model. An anticipatory period starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the intervention was implemented.
Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

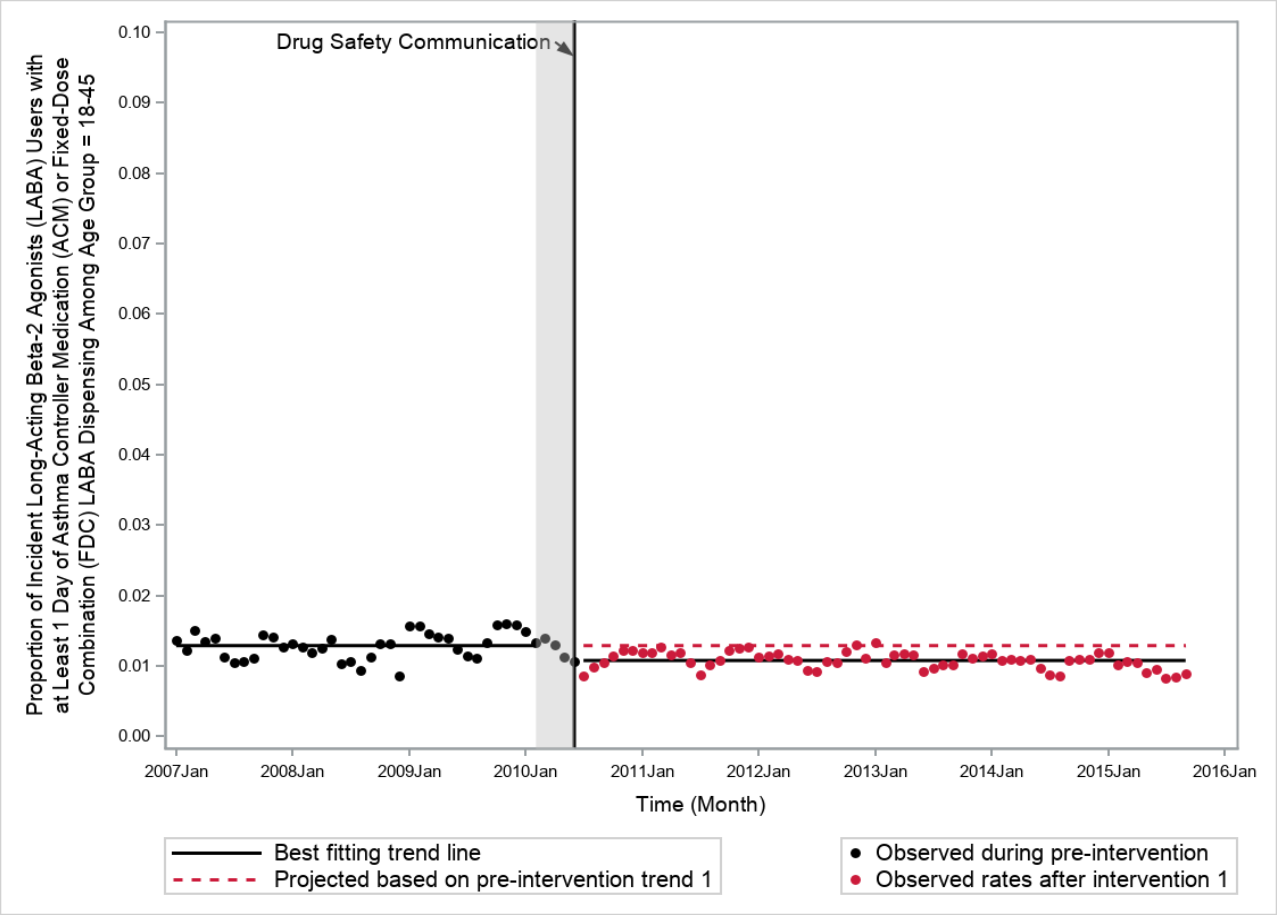
Figure 1. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2]



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

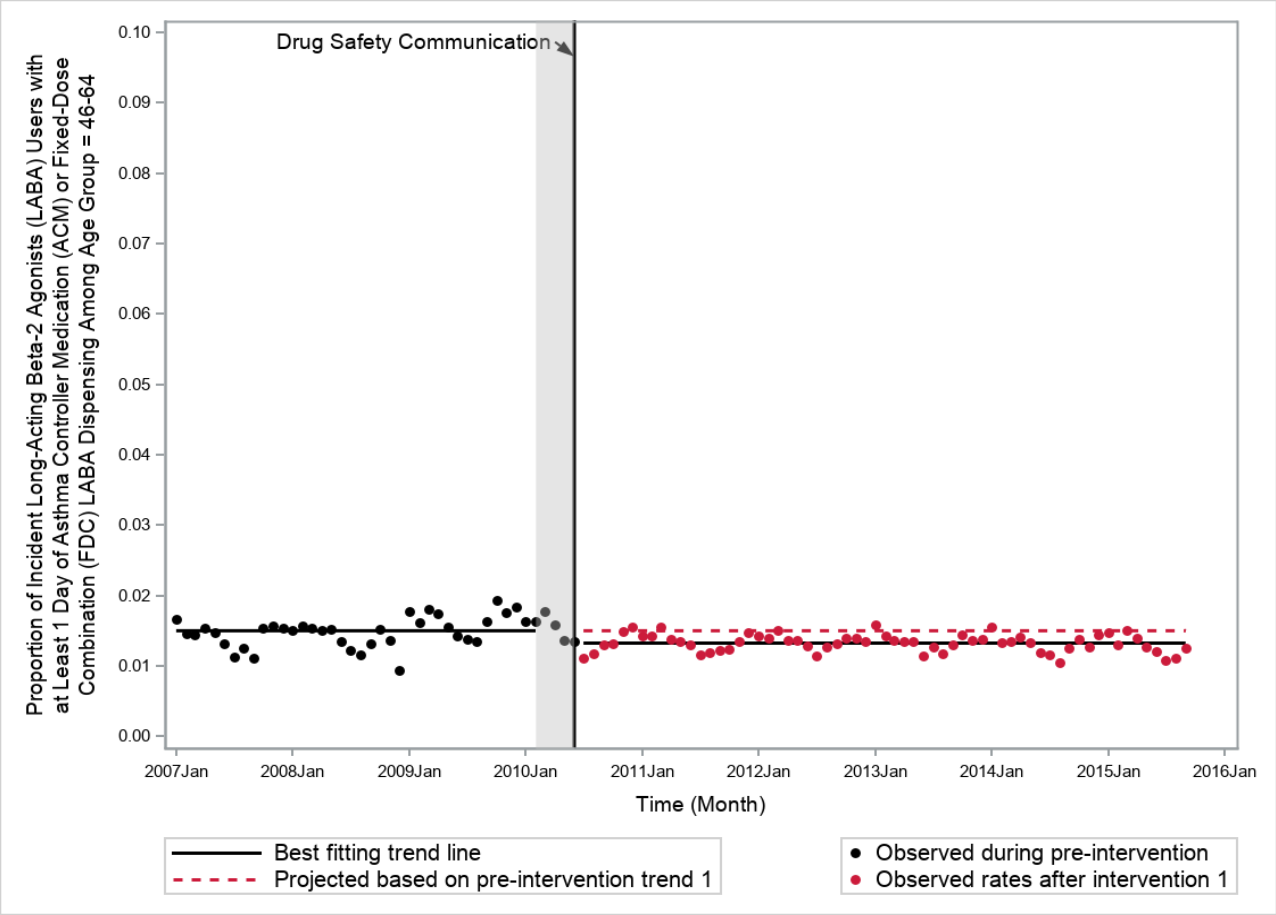
Figure 2. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 18-45



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

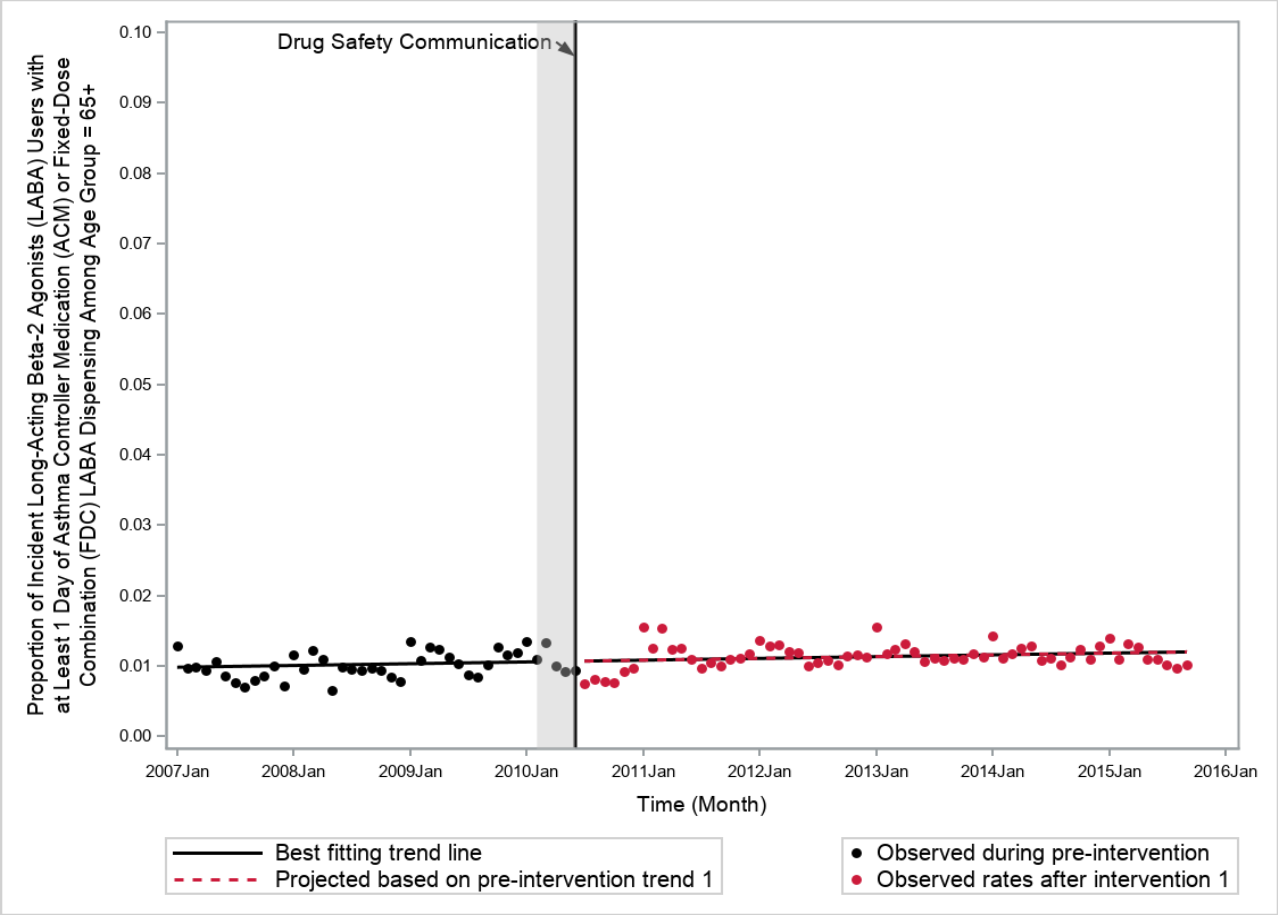
Figure 3. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 46-64



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

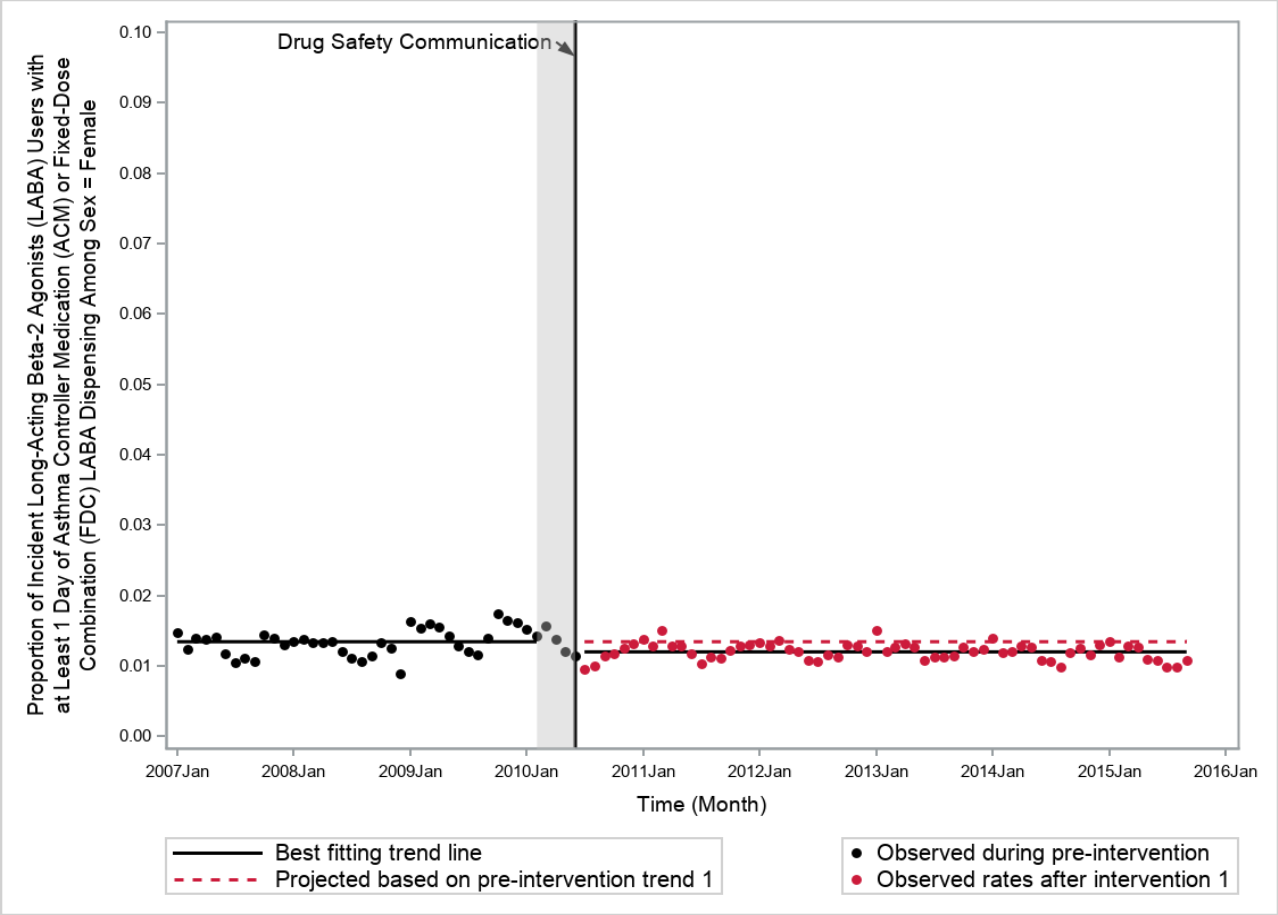
Figure 4. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 65+



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

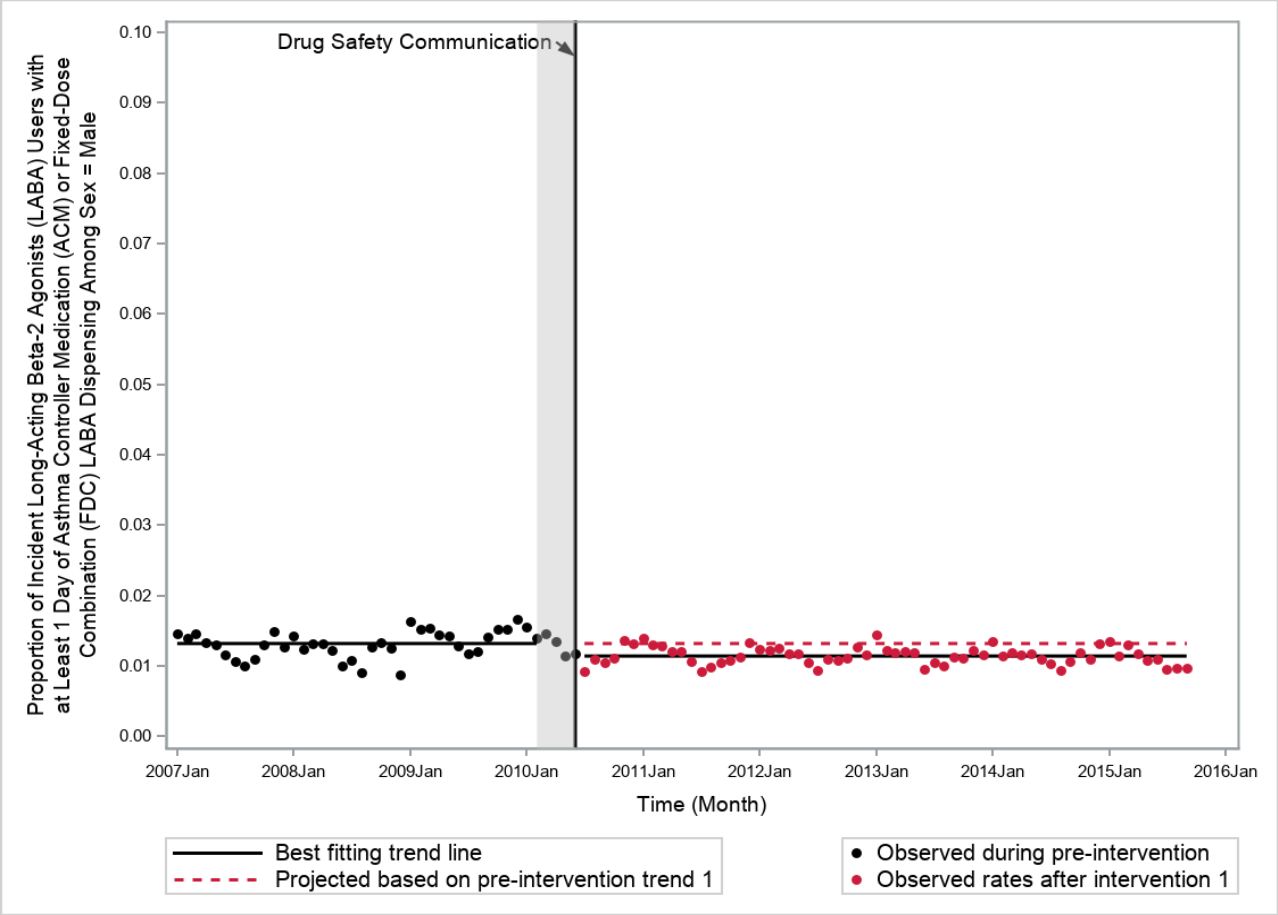
Figure 5. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Female



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

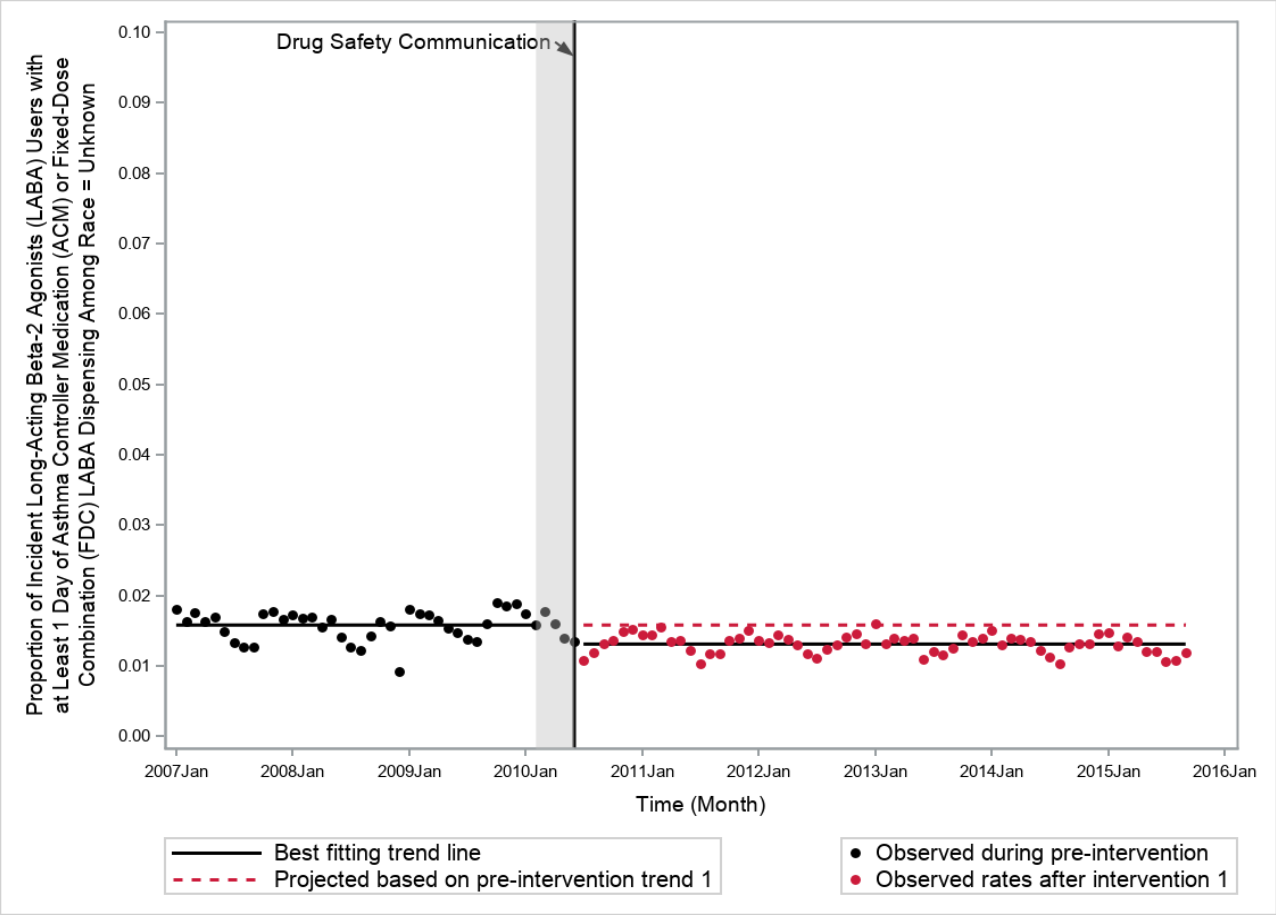
Figure 6. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Male



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

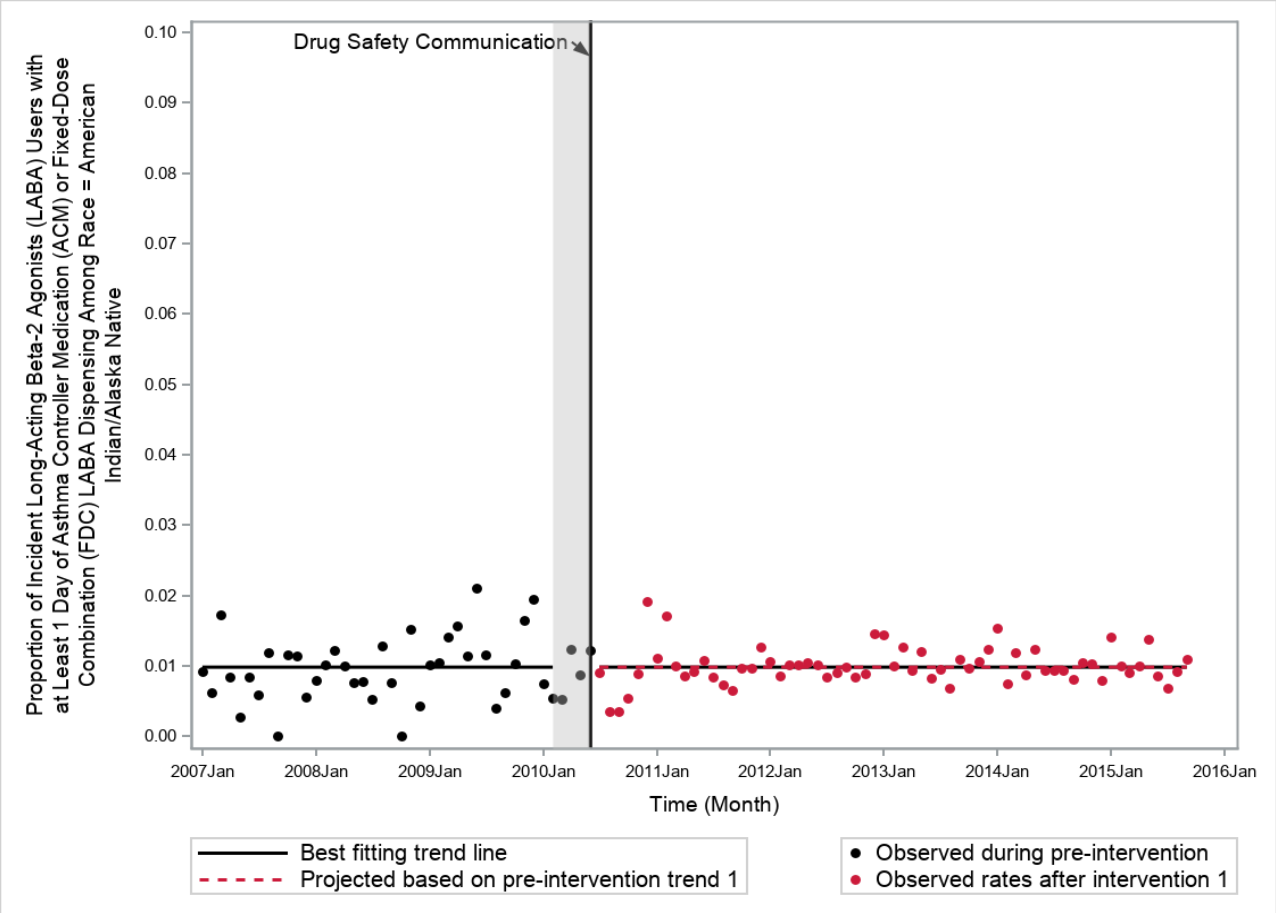
Figure 7. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Unknown



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

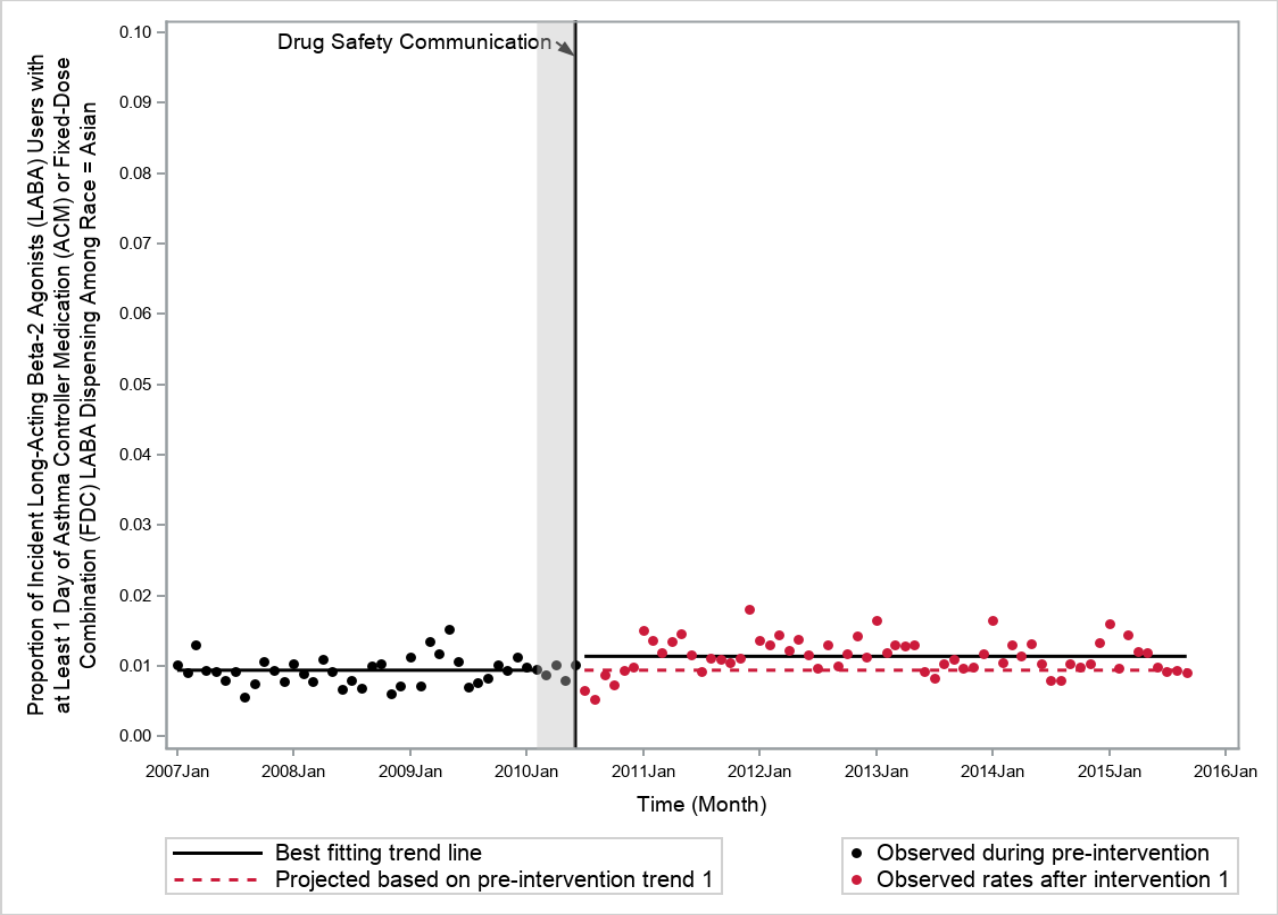
Figure 8. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = American Indian/Alaska Native



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

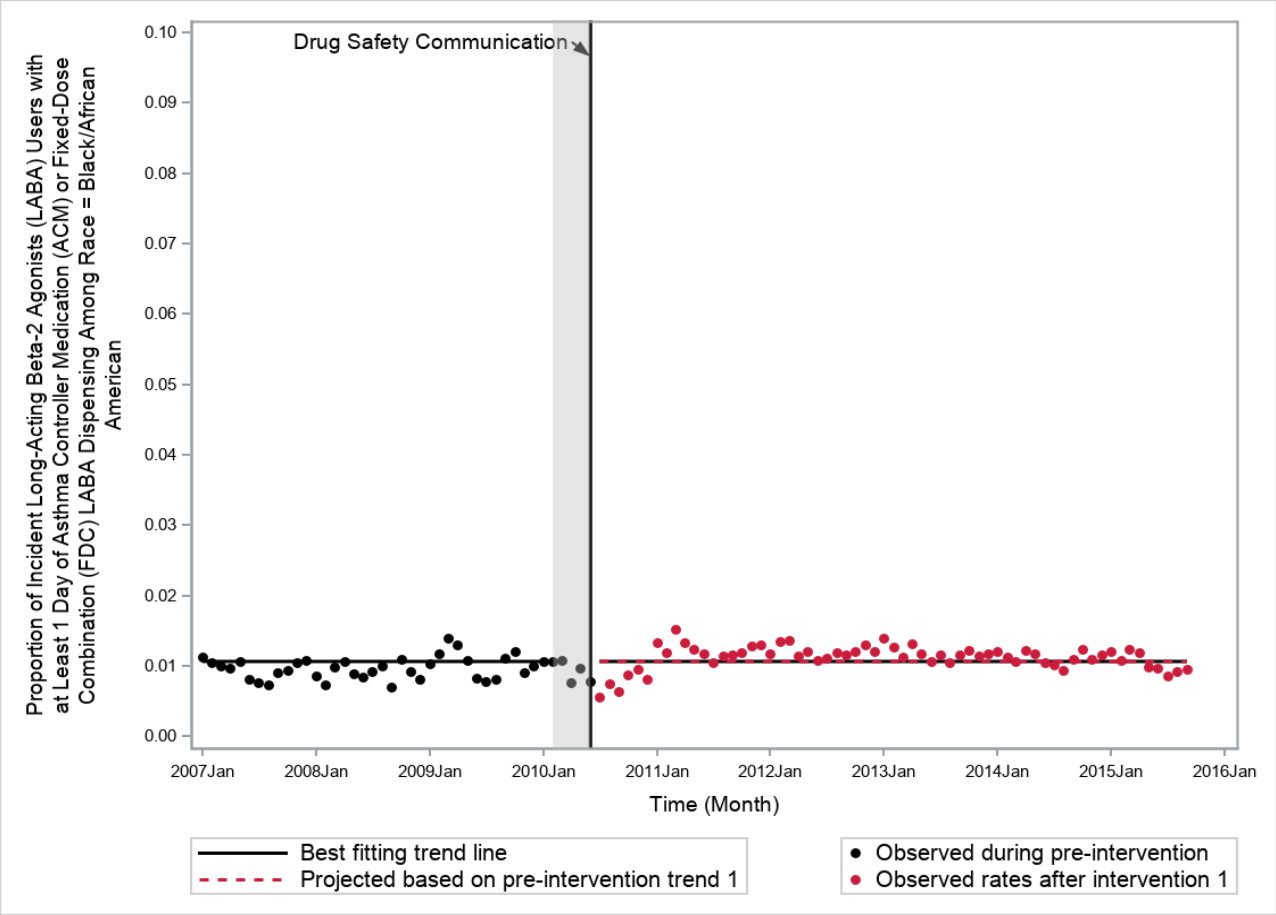
Figure 9. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Asian



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

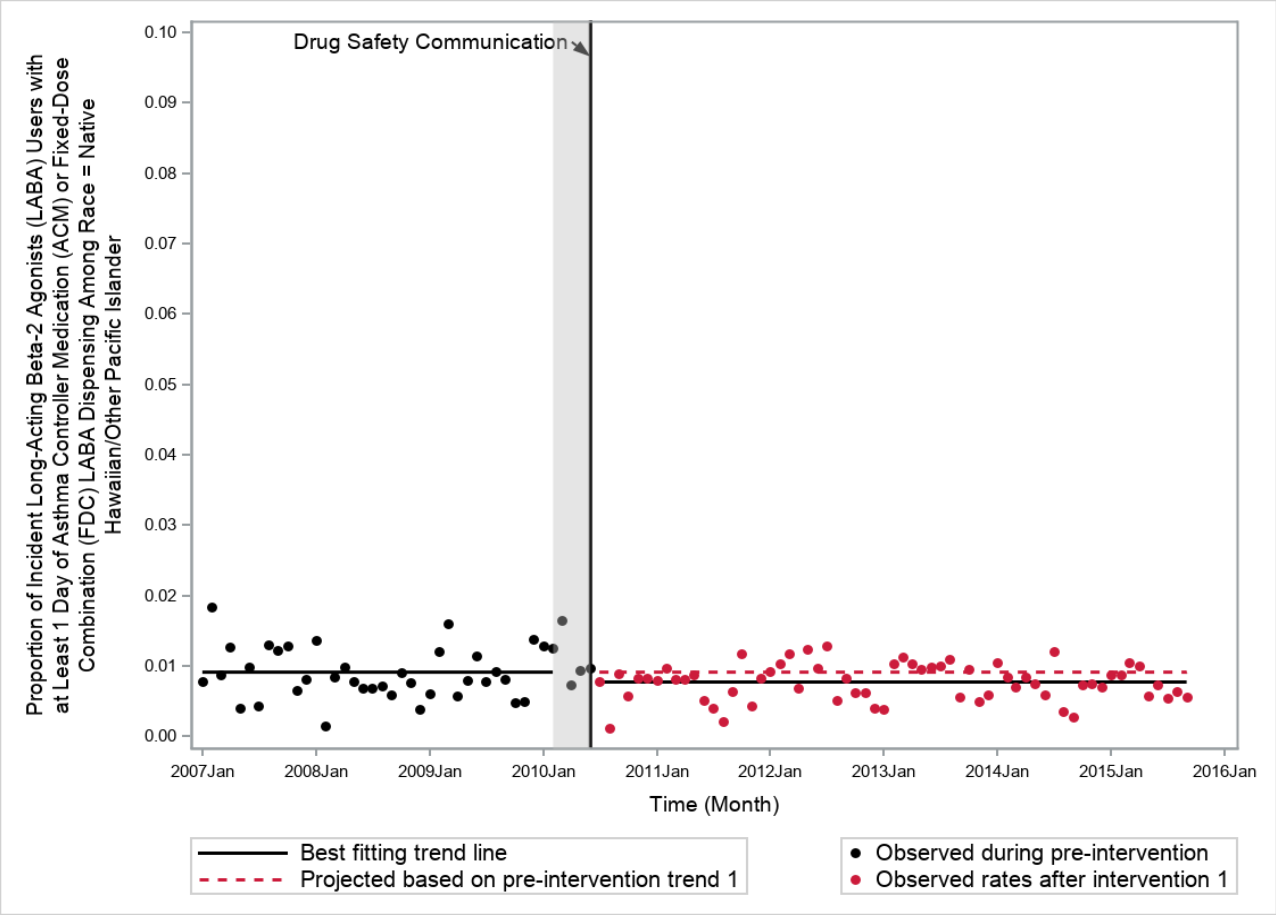
Figure 10. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Black/African American



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

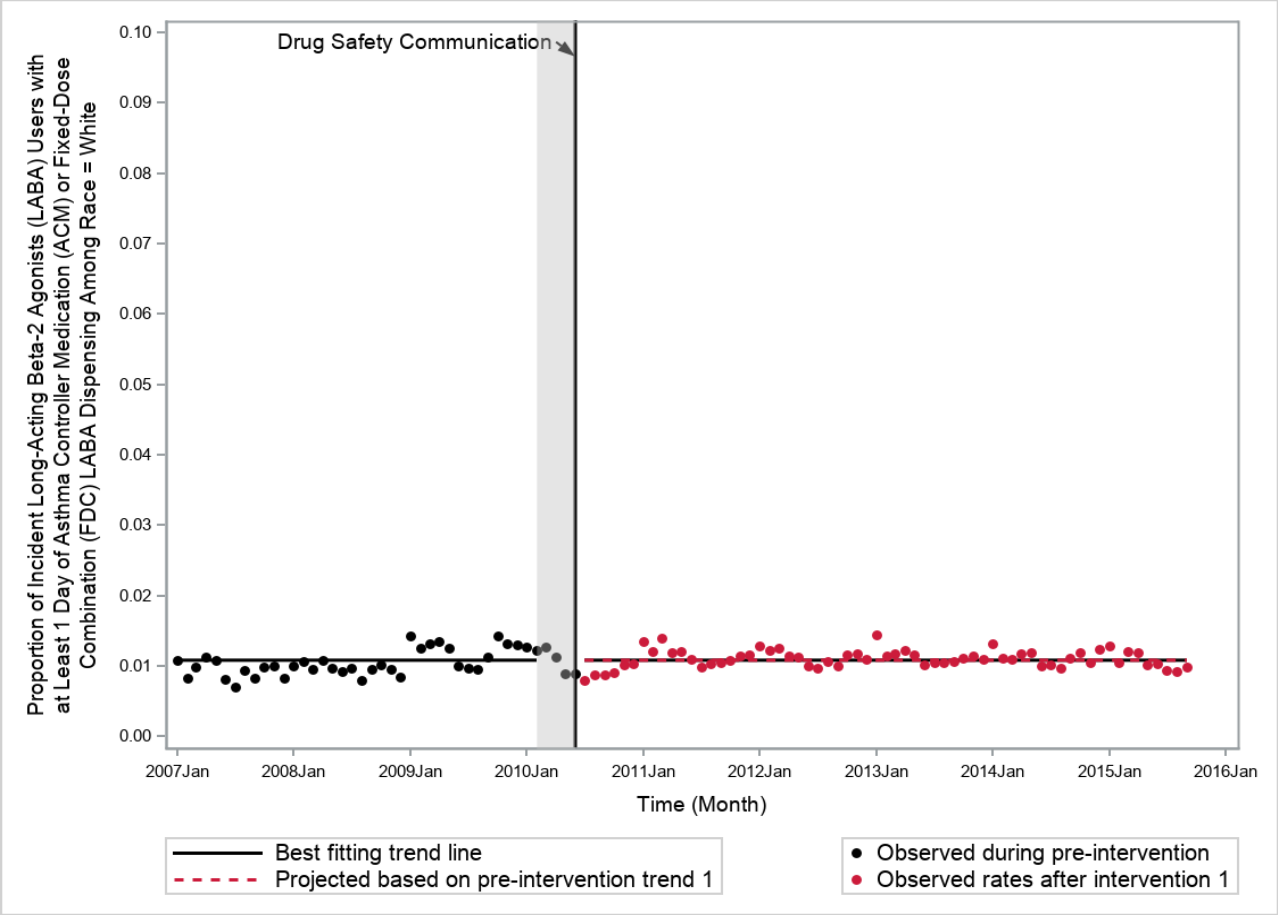
Figure 11. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Native Hawaiian/Other Pacific Islander



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

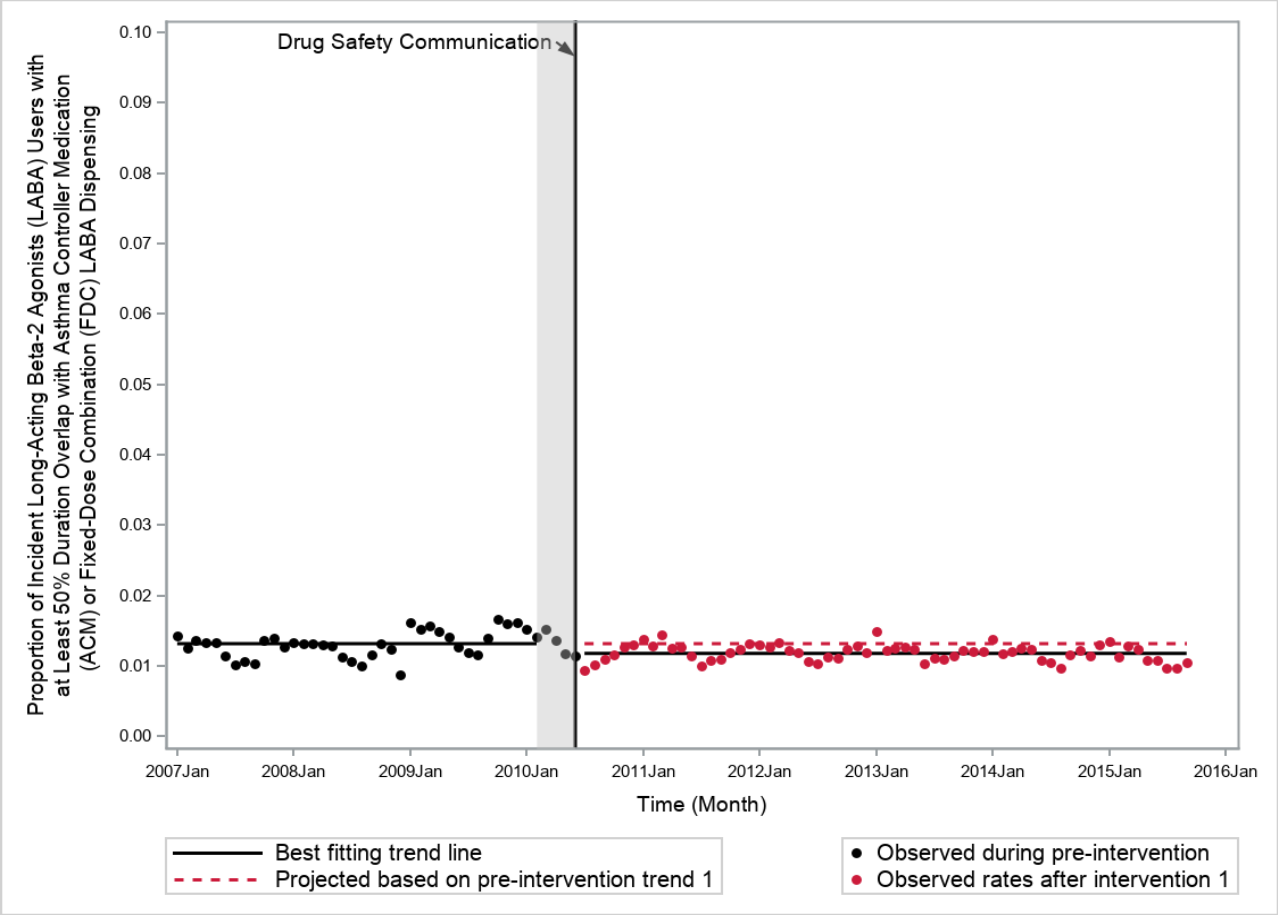
Figure 12. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 1 Day of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = White



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

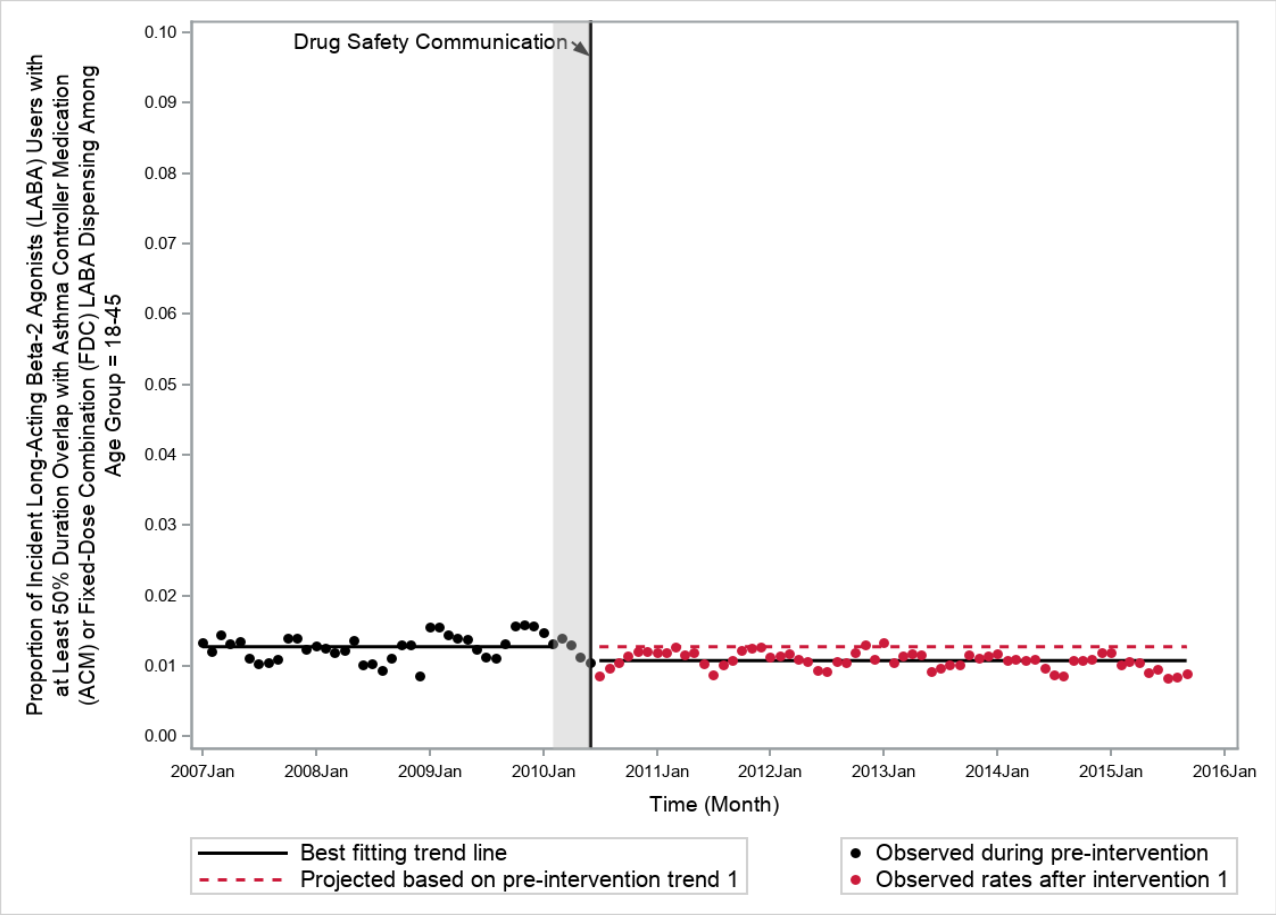
Figure 13. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2]



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

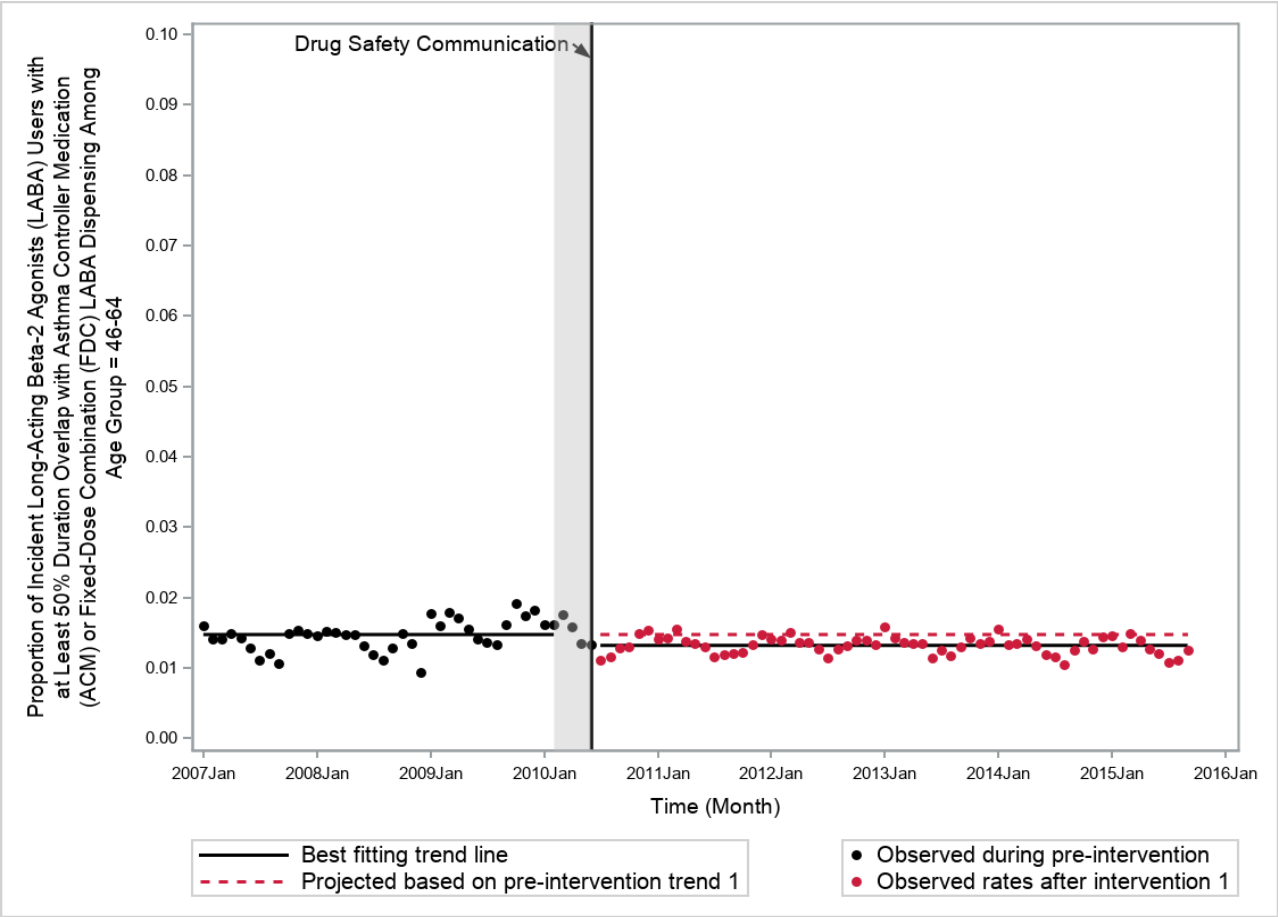
Figure 14. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 18-45



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

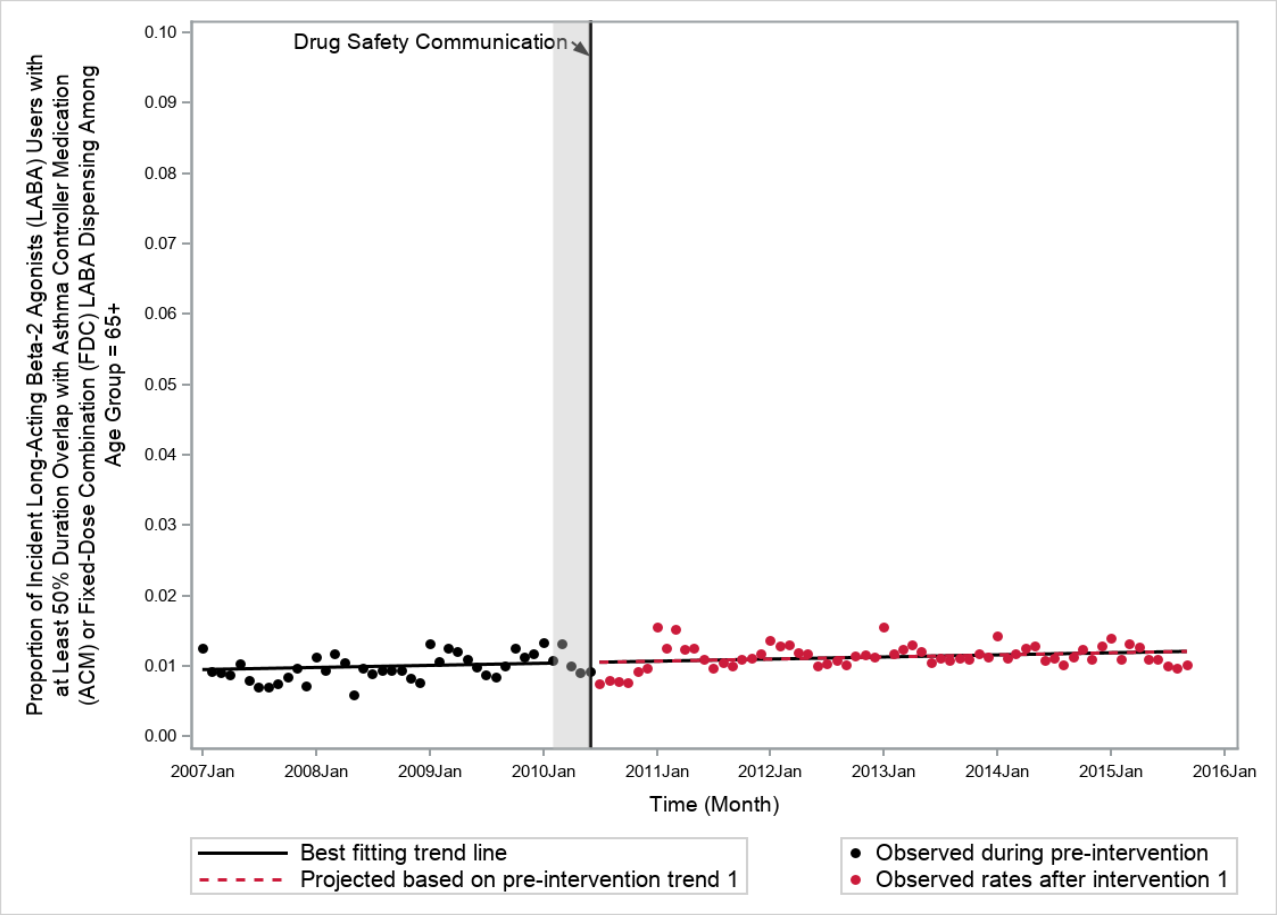
Figure 15. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 46-64



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

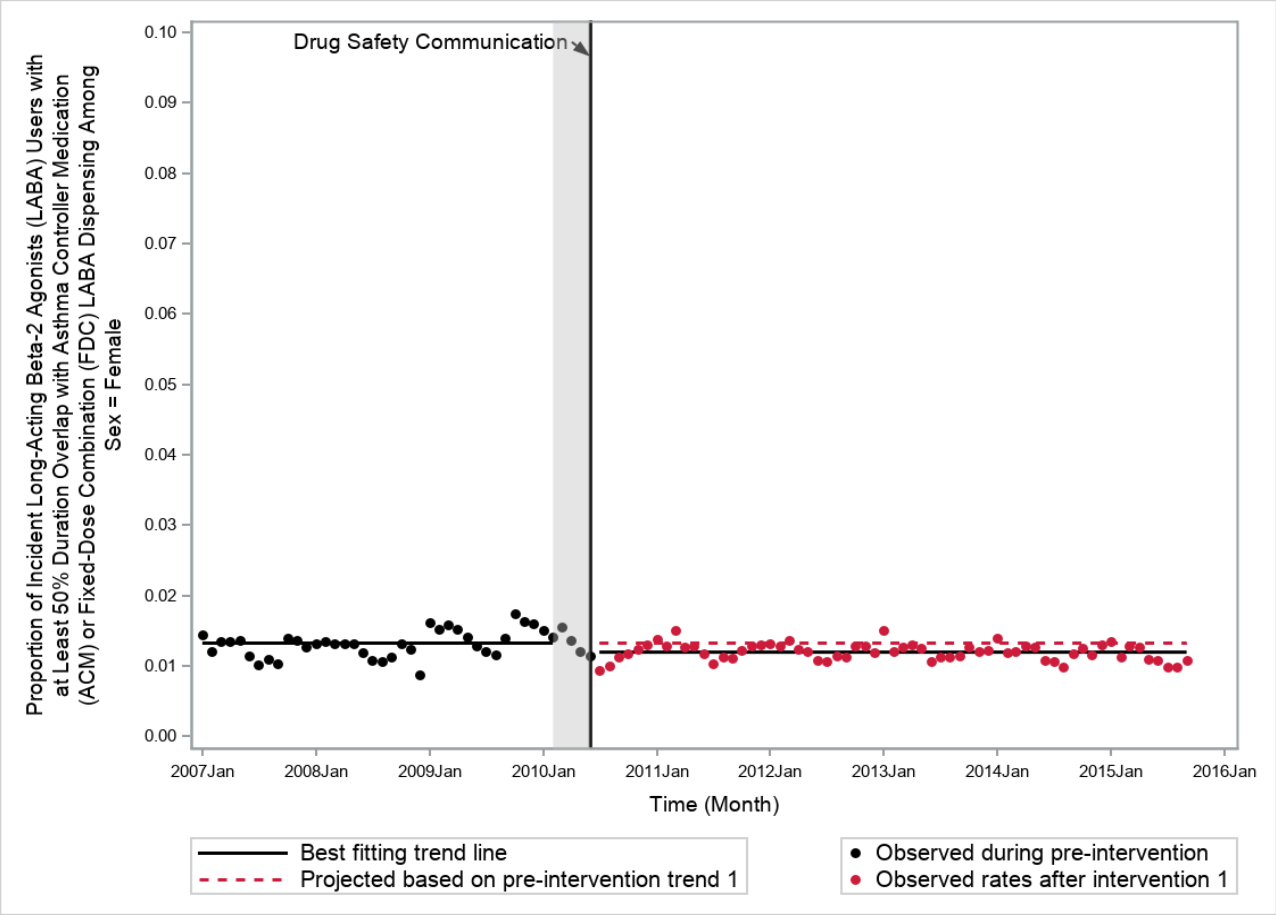
Figure 16. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 65+



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

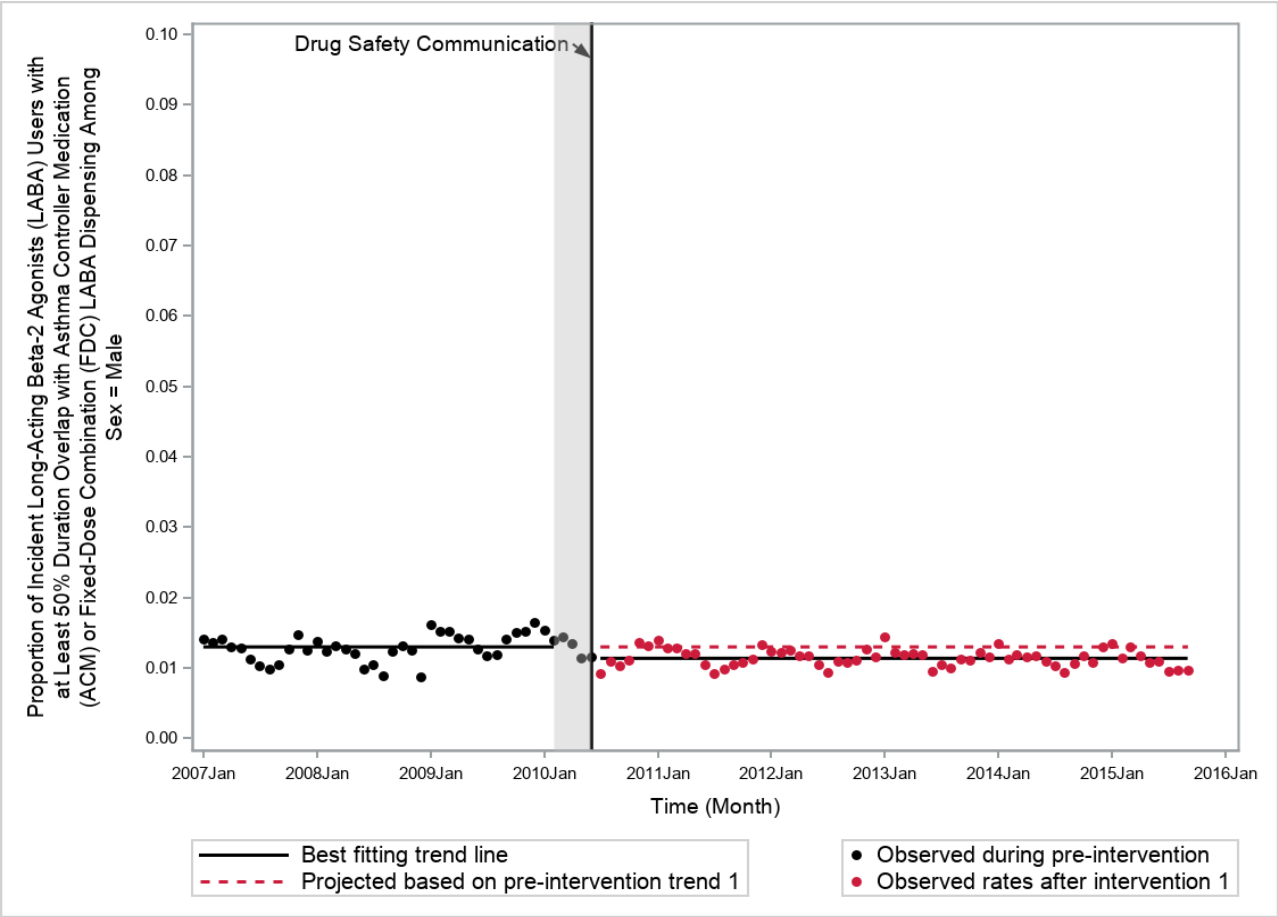
Figure 17. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Female



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

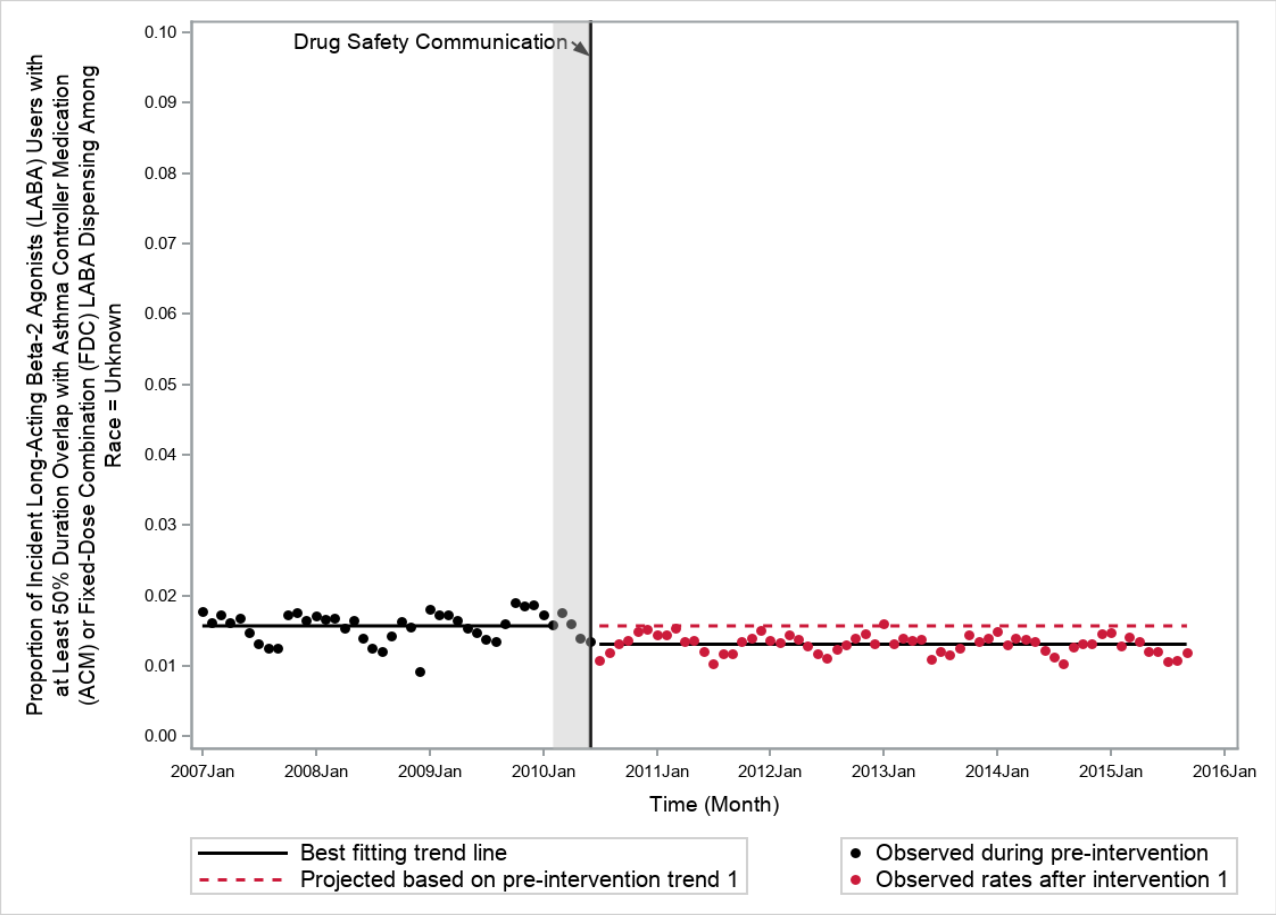
Figure 18. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Male



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

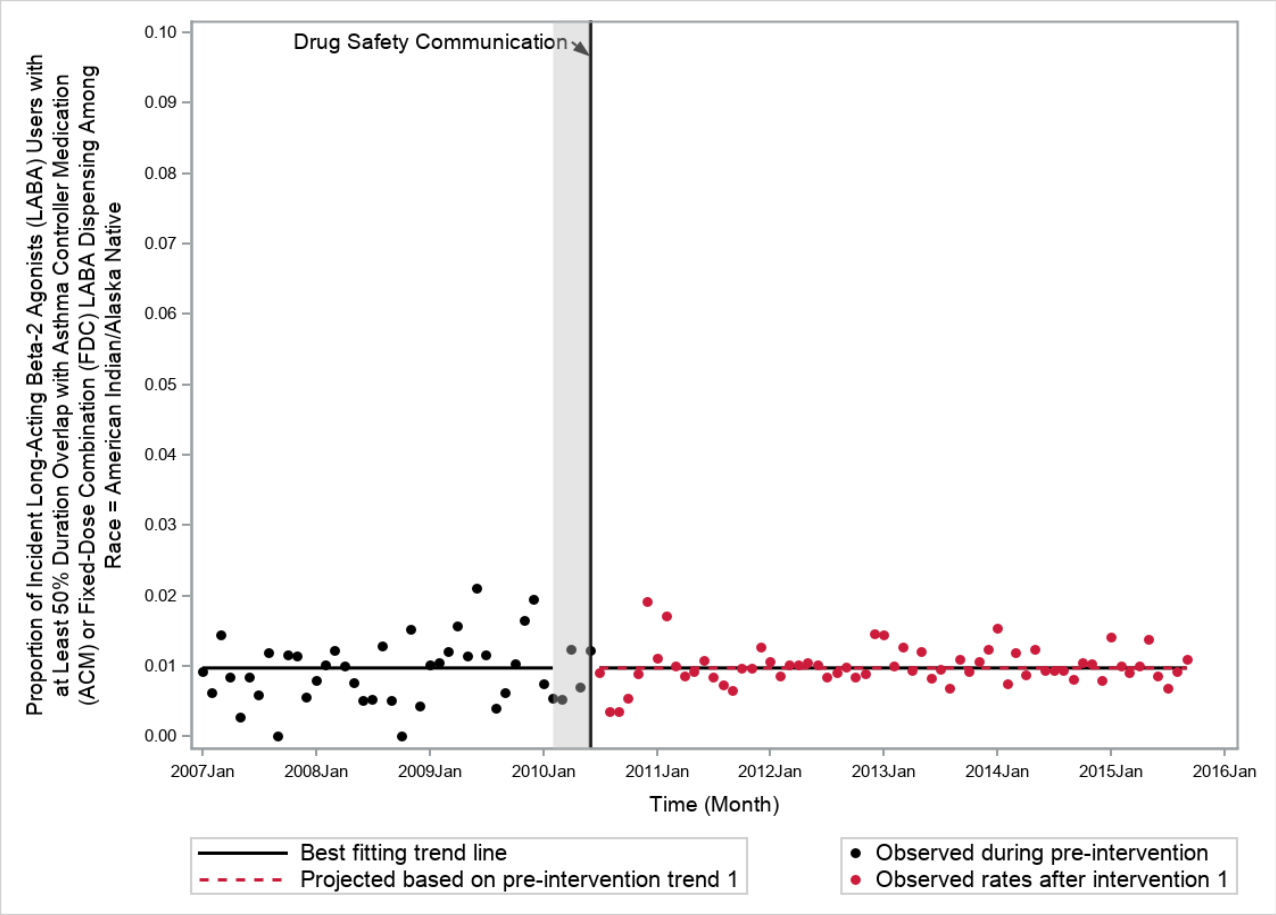
Figure 19. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Unknown



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

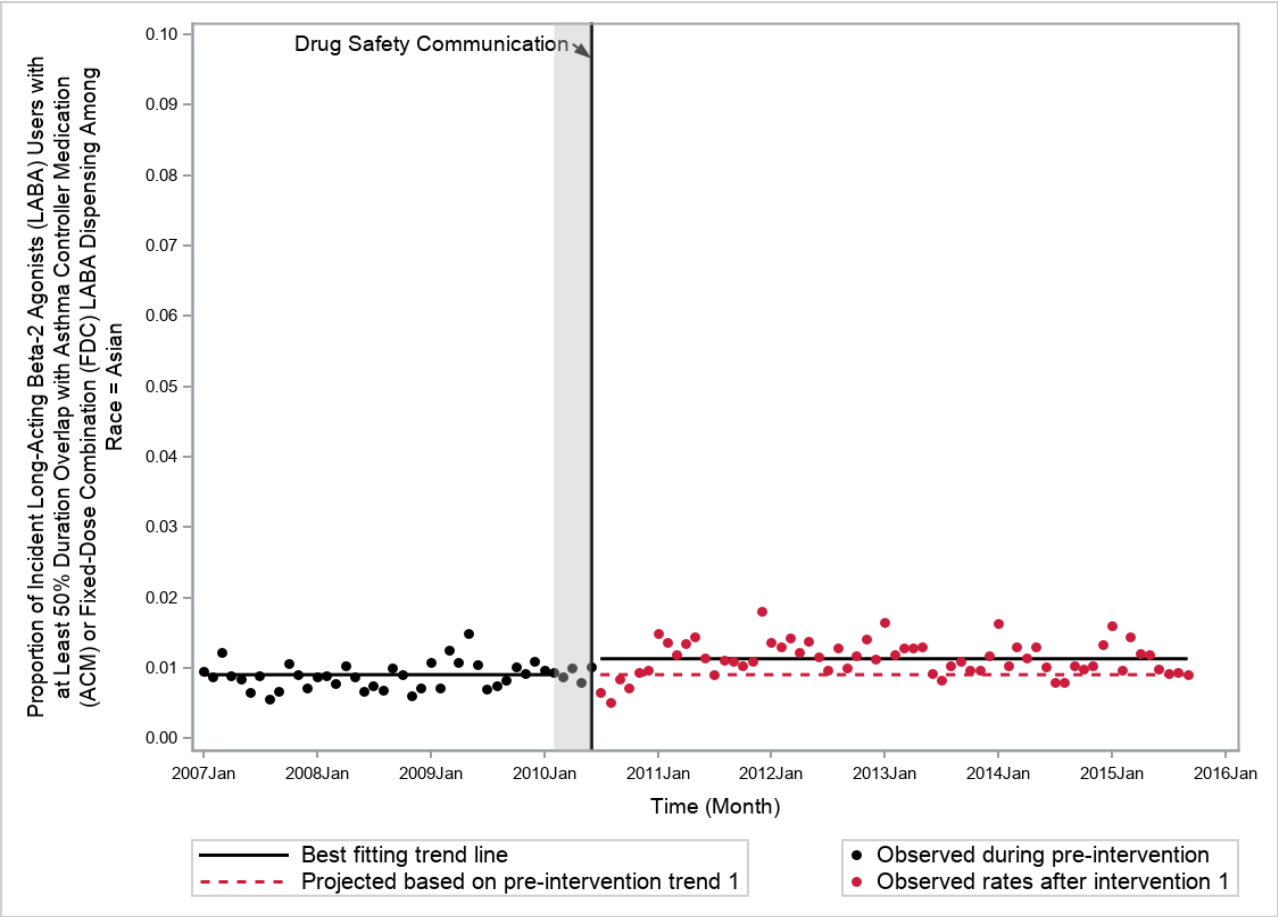
Figure 20. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = American Indian/Alaska Native



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

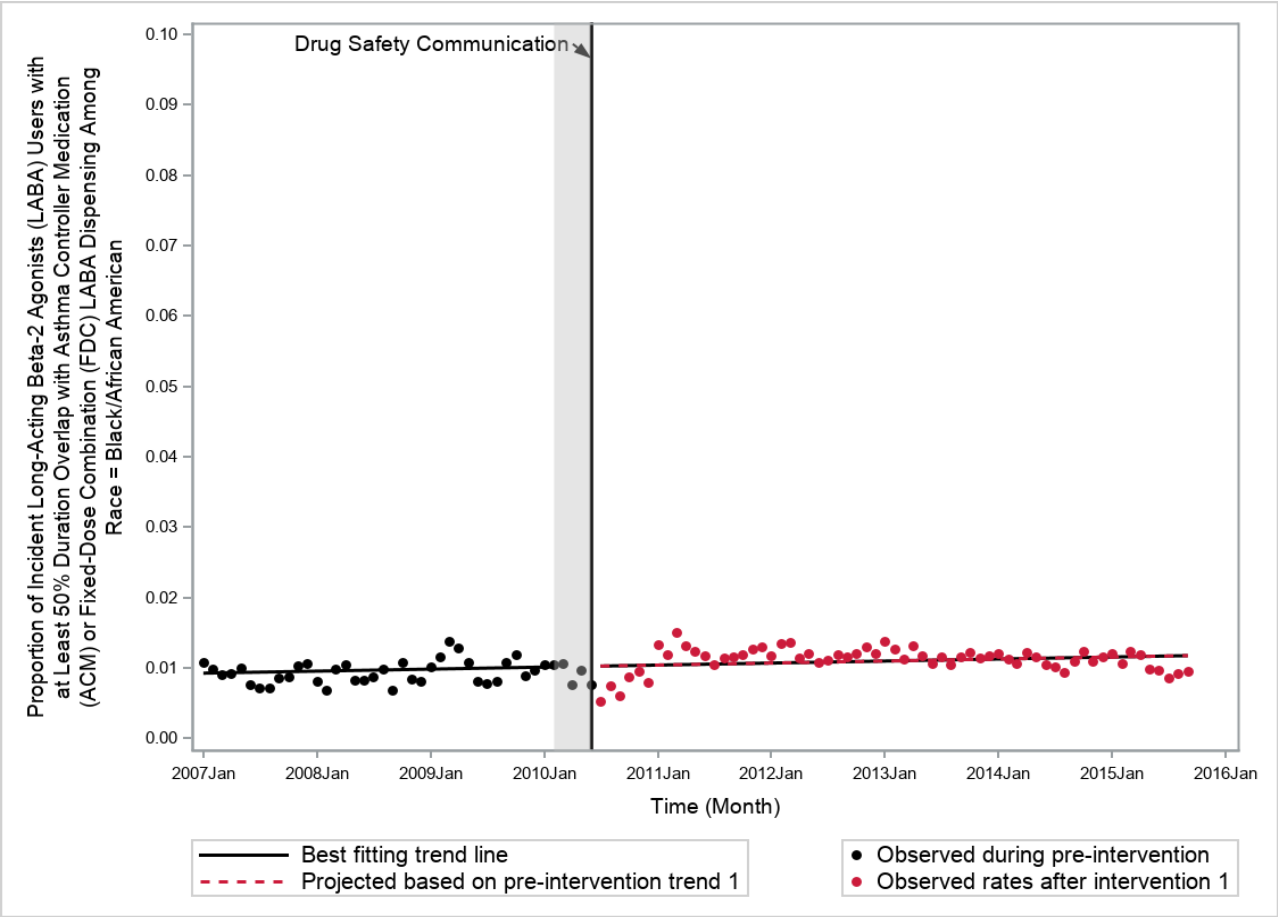
Figure 21. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Asian



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

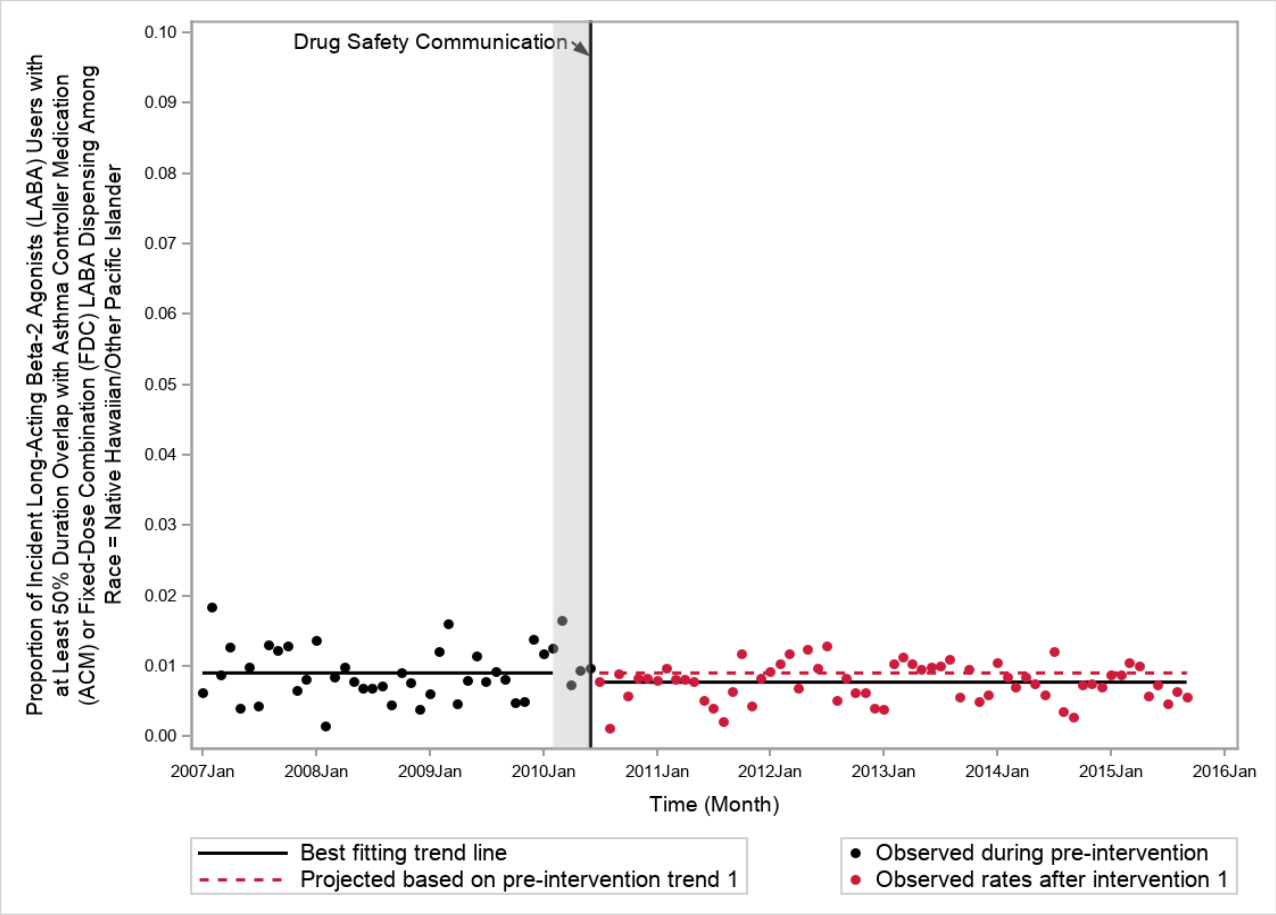
Figure 22. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Black/African American



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

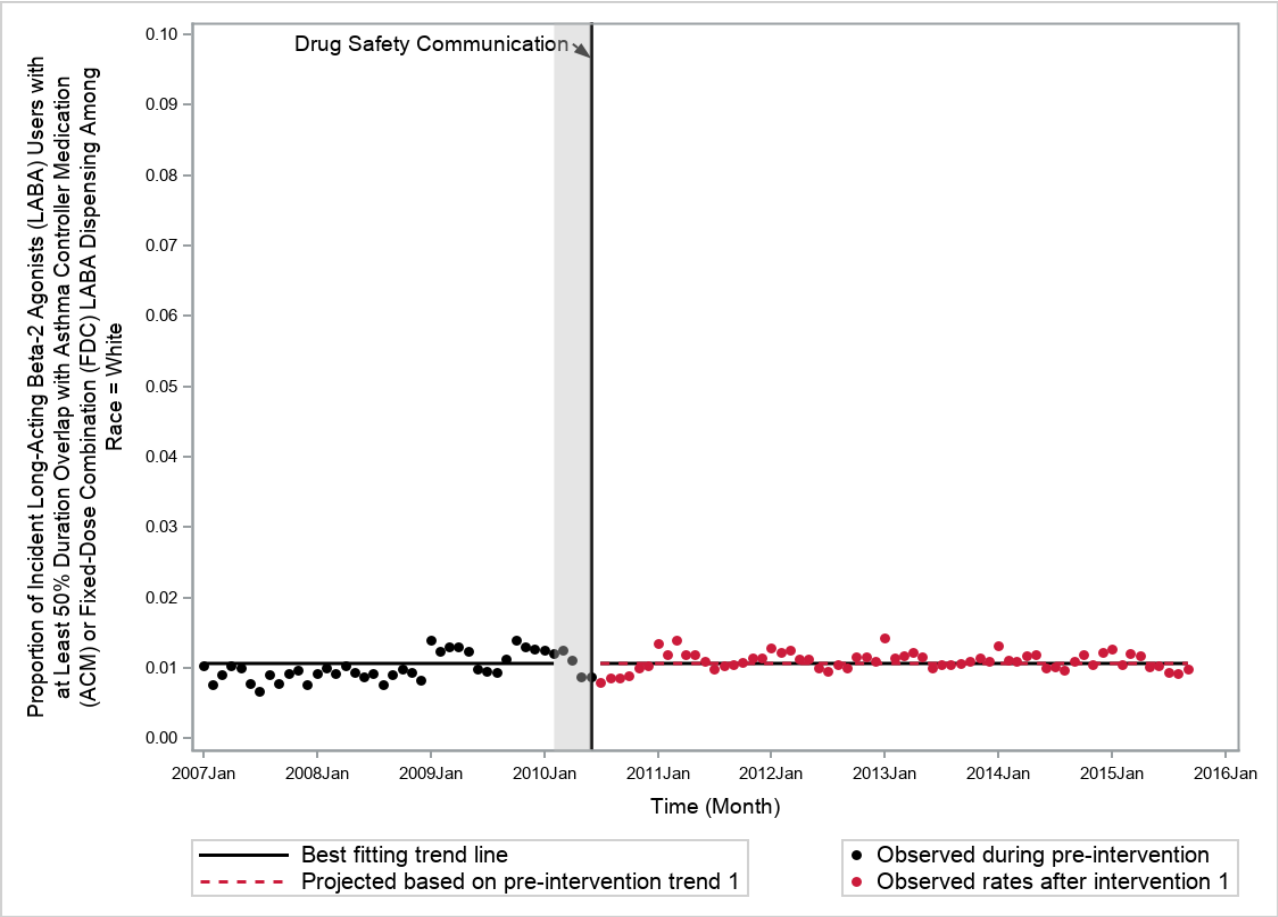
Figure 23. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Native Hawaiian/Other Pacific Islander



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

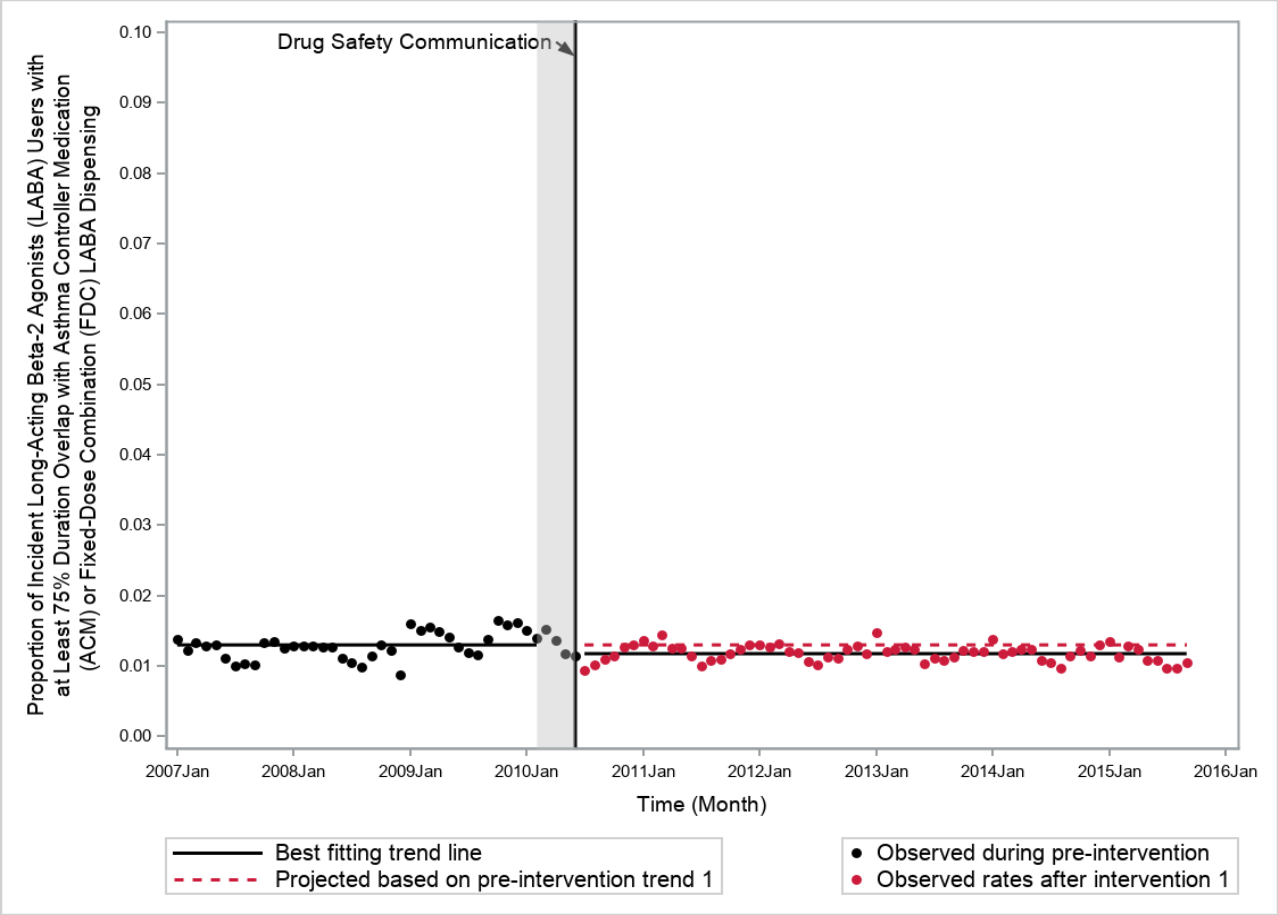
Figure 24. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 50% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = White



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

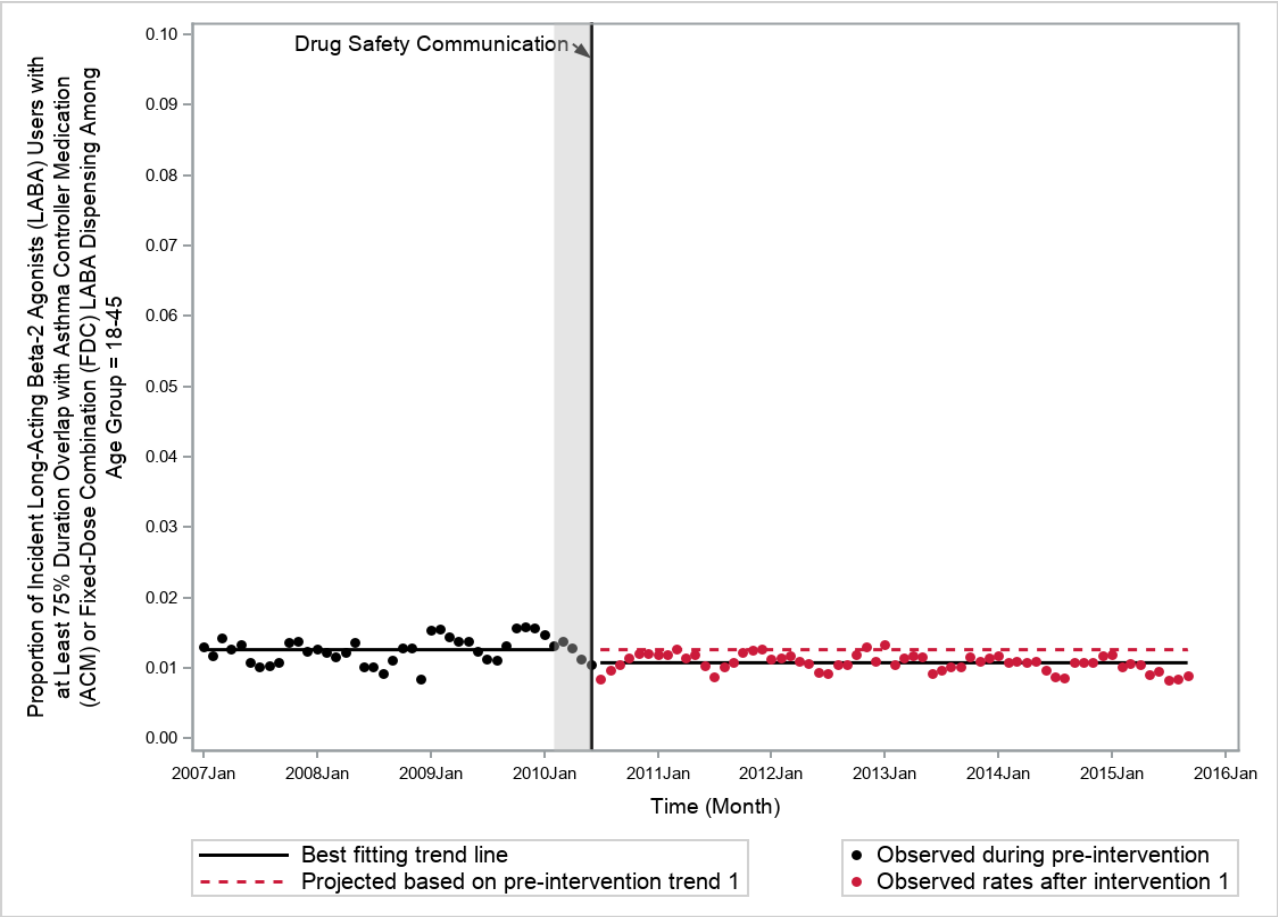
Figure 25. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2]



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

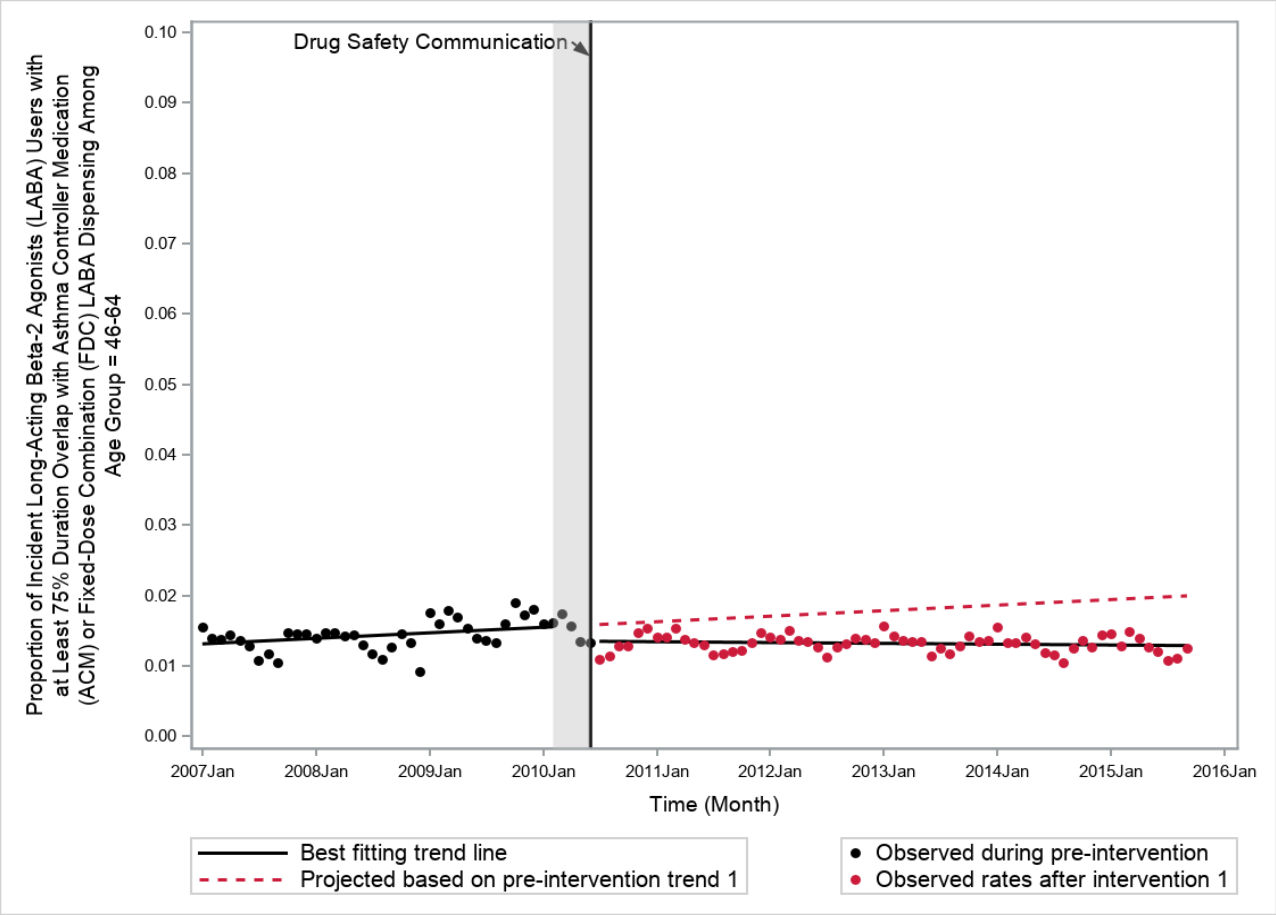
Figure 26. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 18-45



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

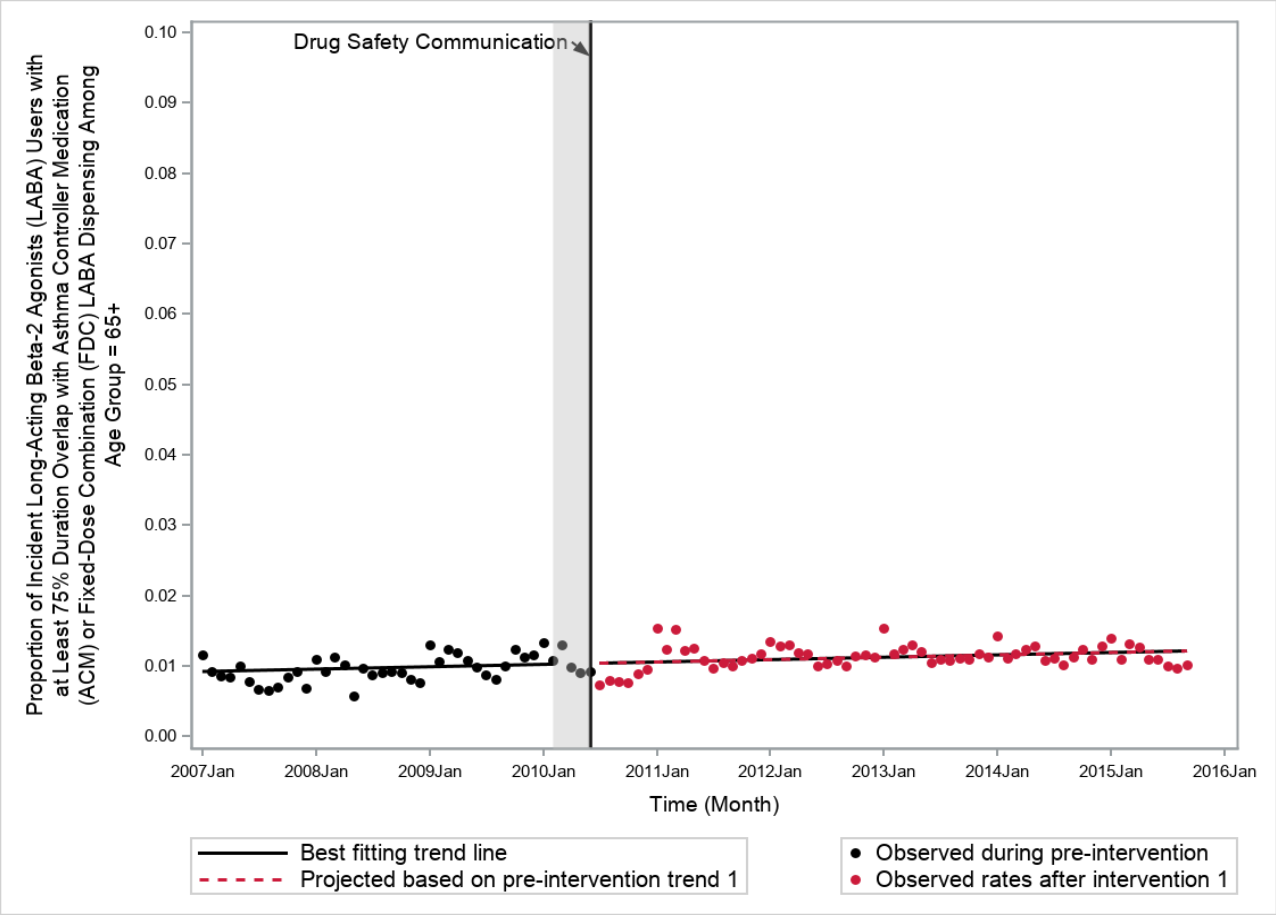
Figure 27. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 46-64



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

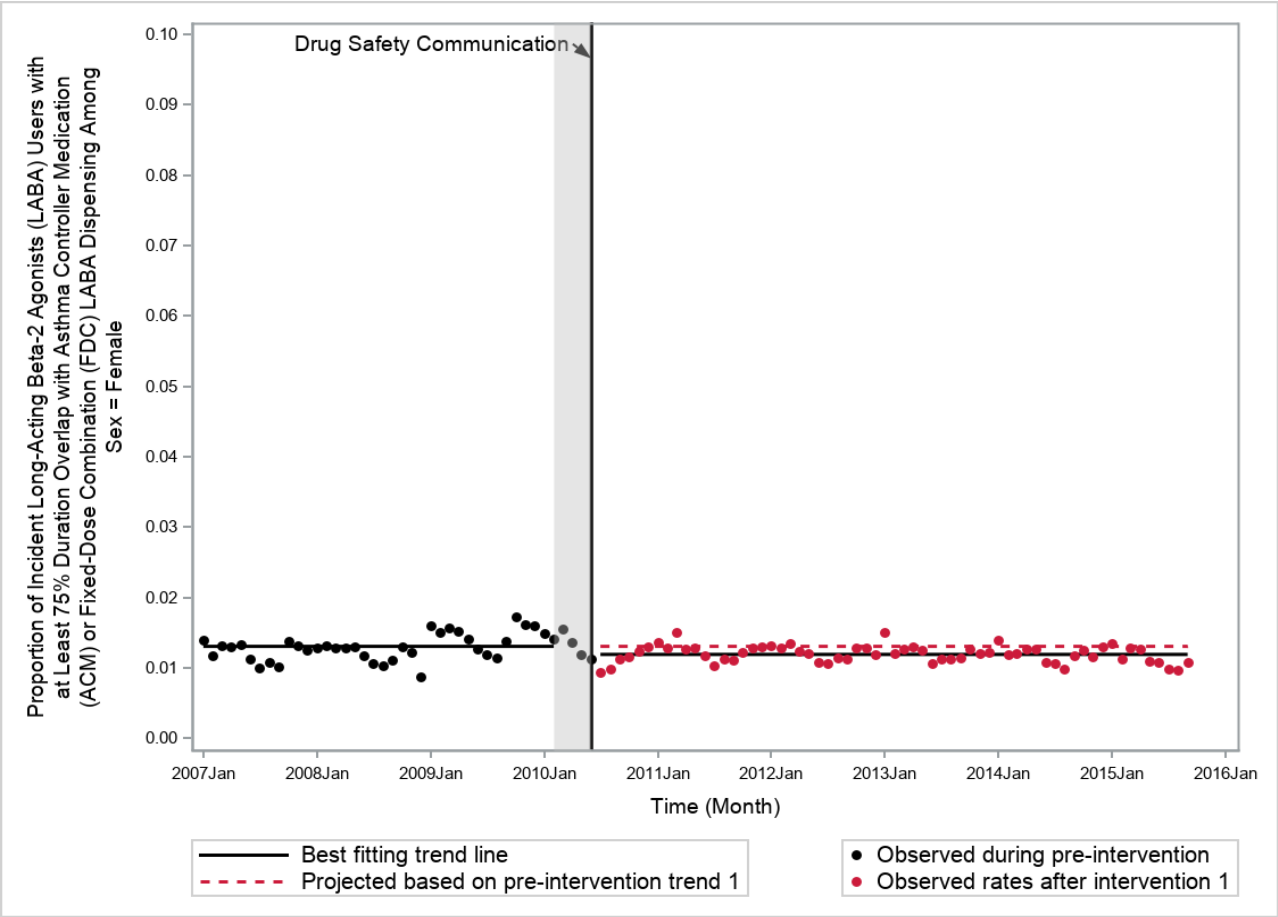
Figure 28. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 65+



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

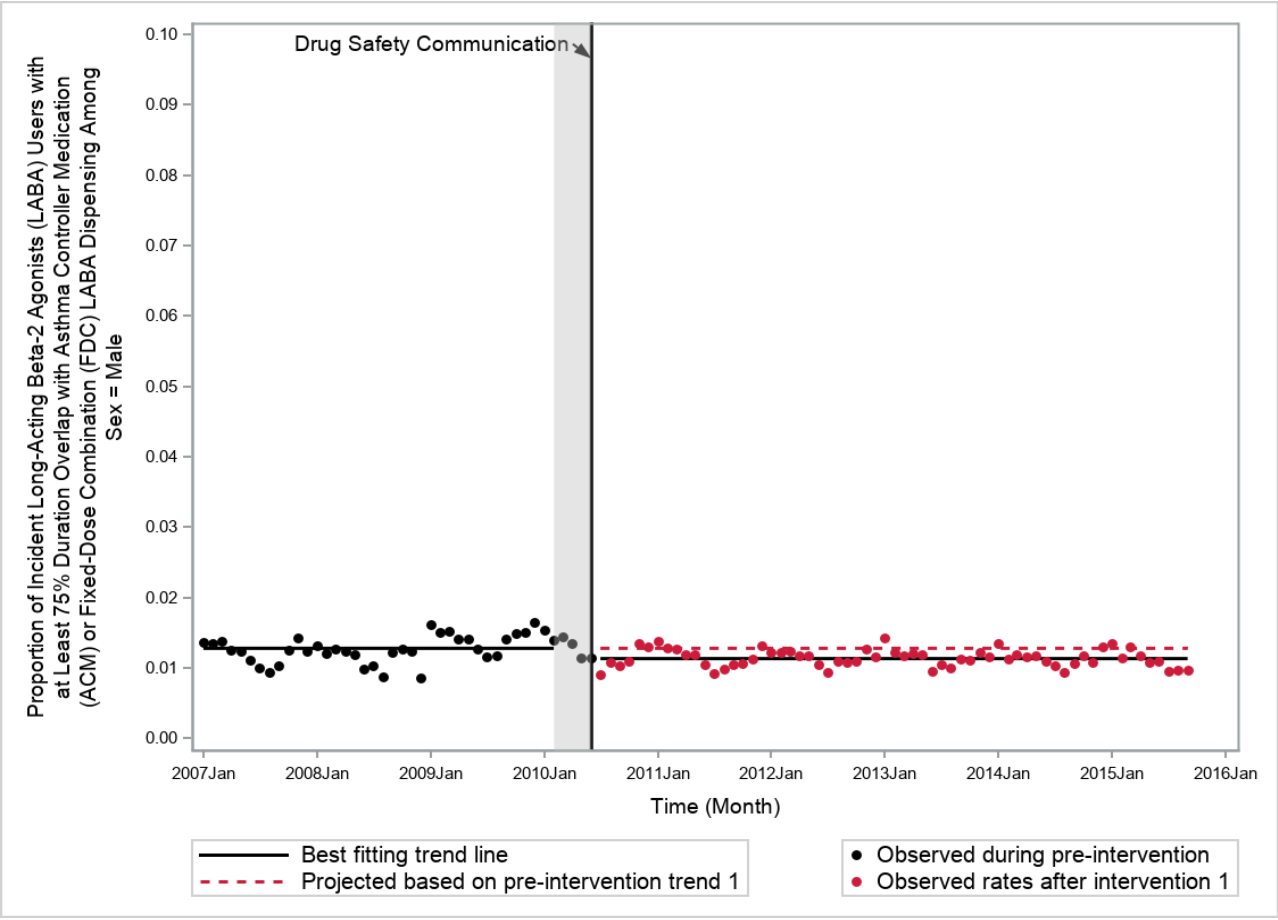
Figure 29. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Female



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

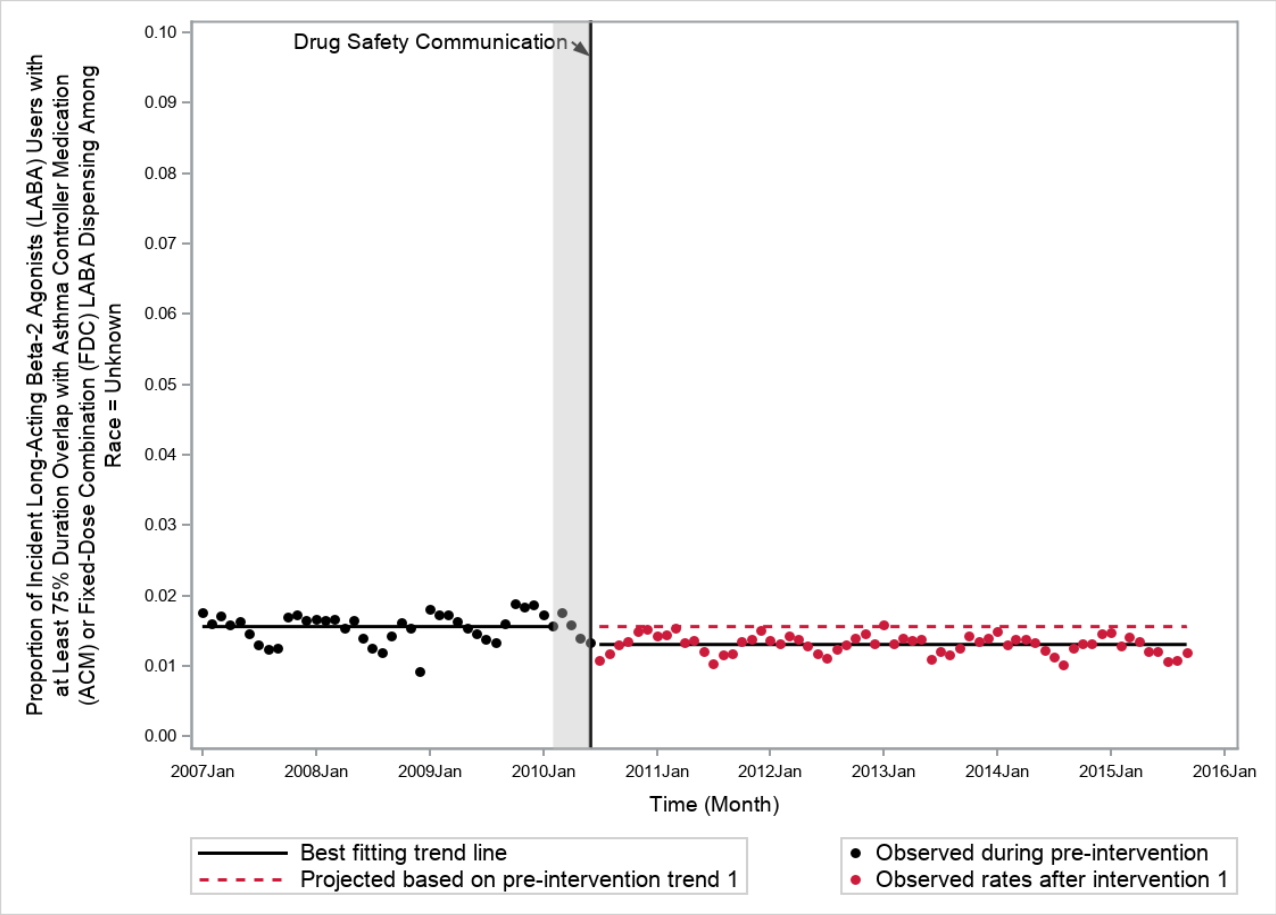
Figure 30. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Male



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

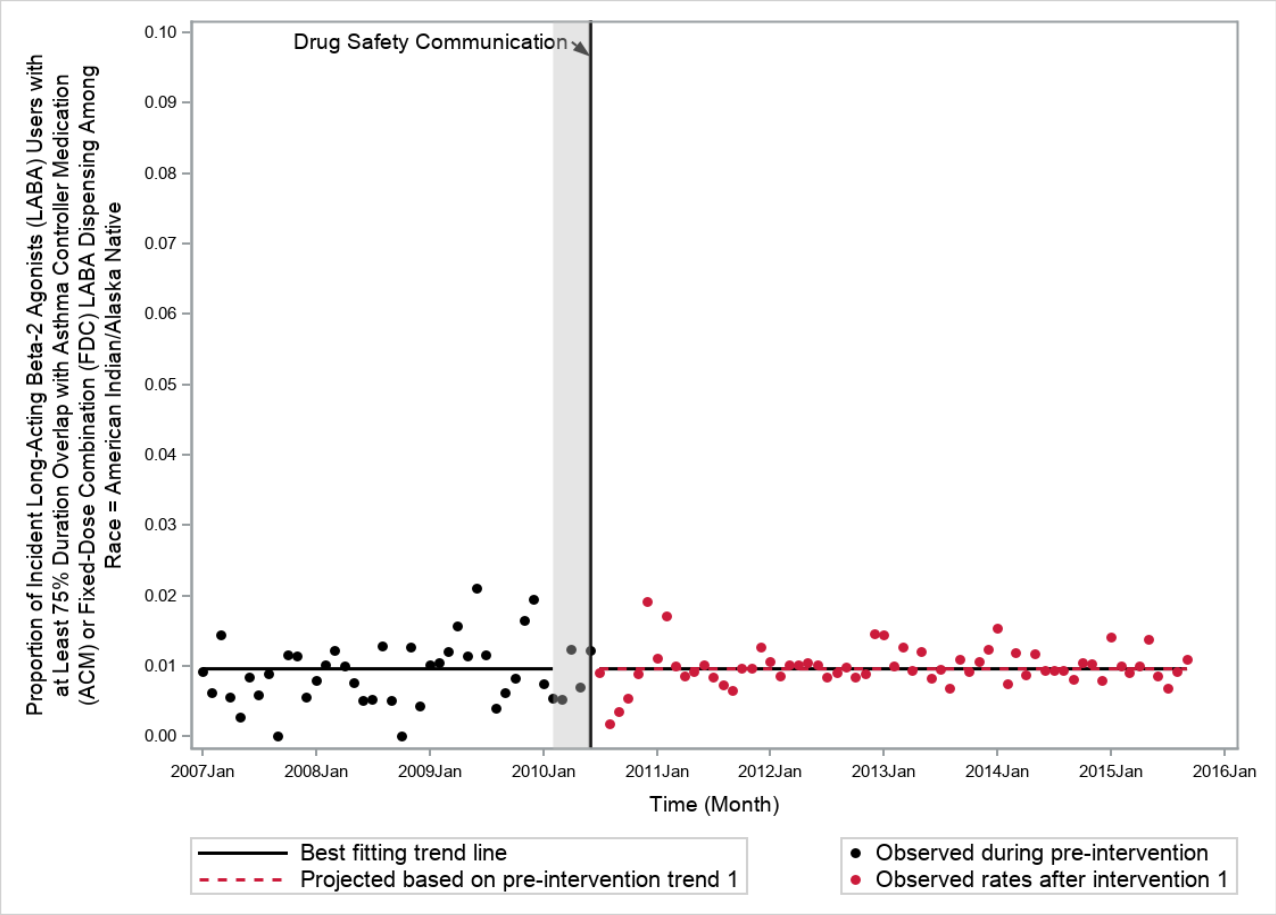
Figure 31. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Unknown



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

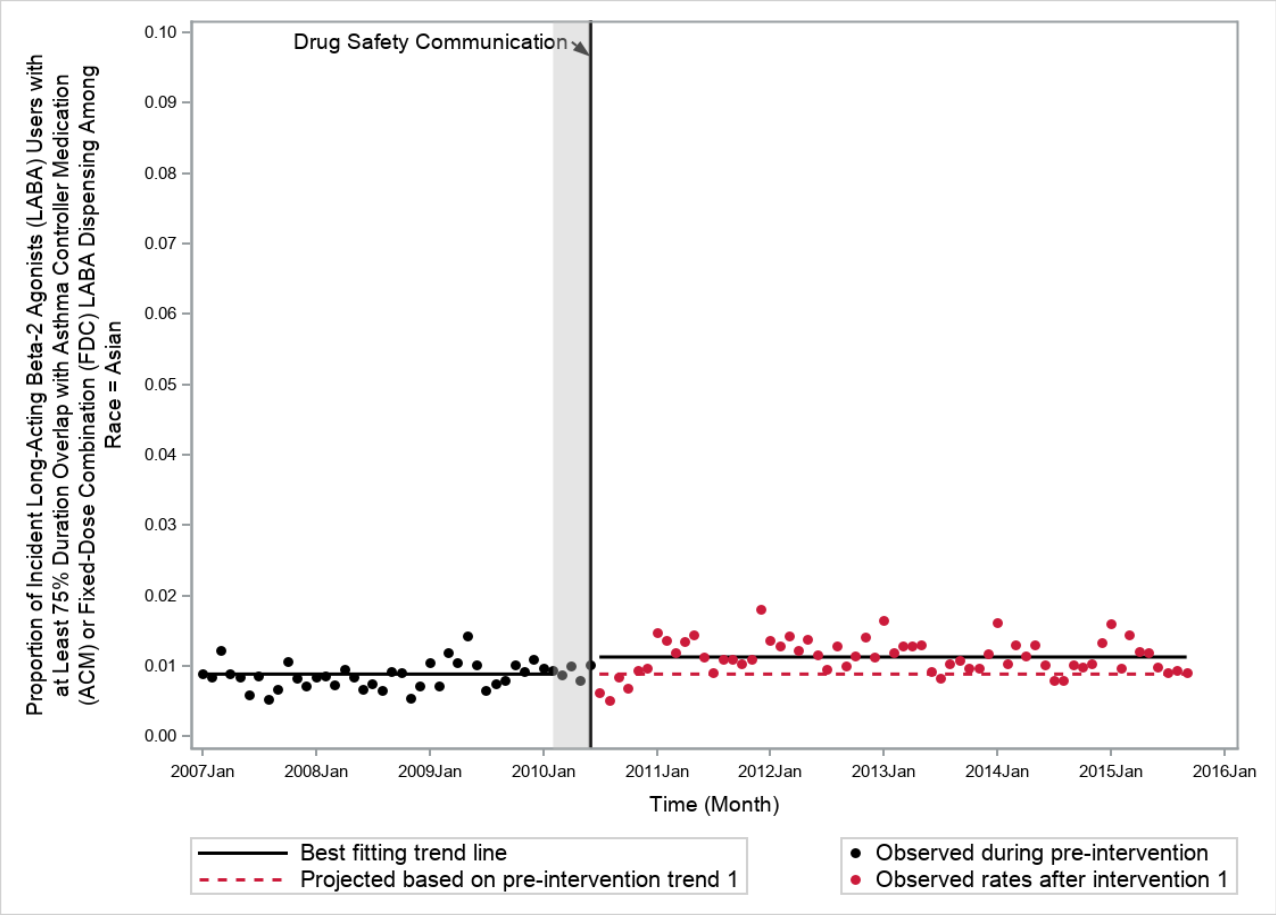
Figure 32. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = American Indian/Alaska Native



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

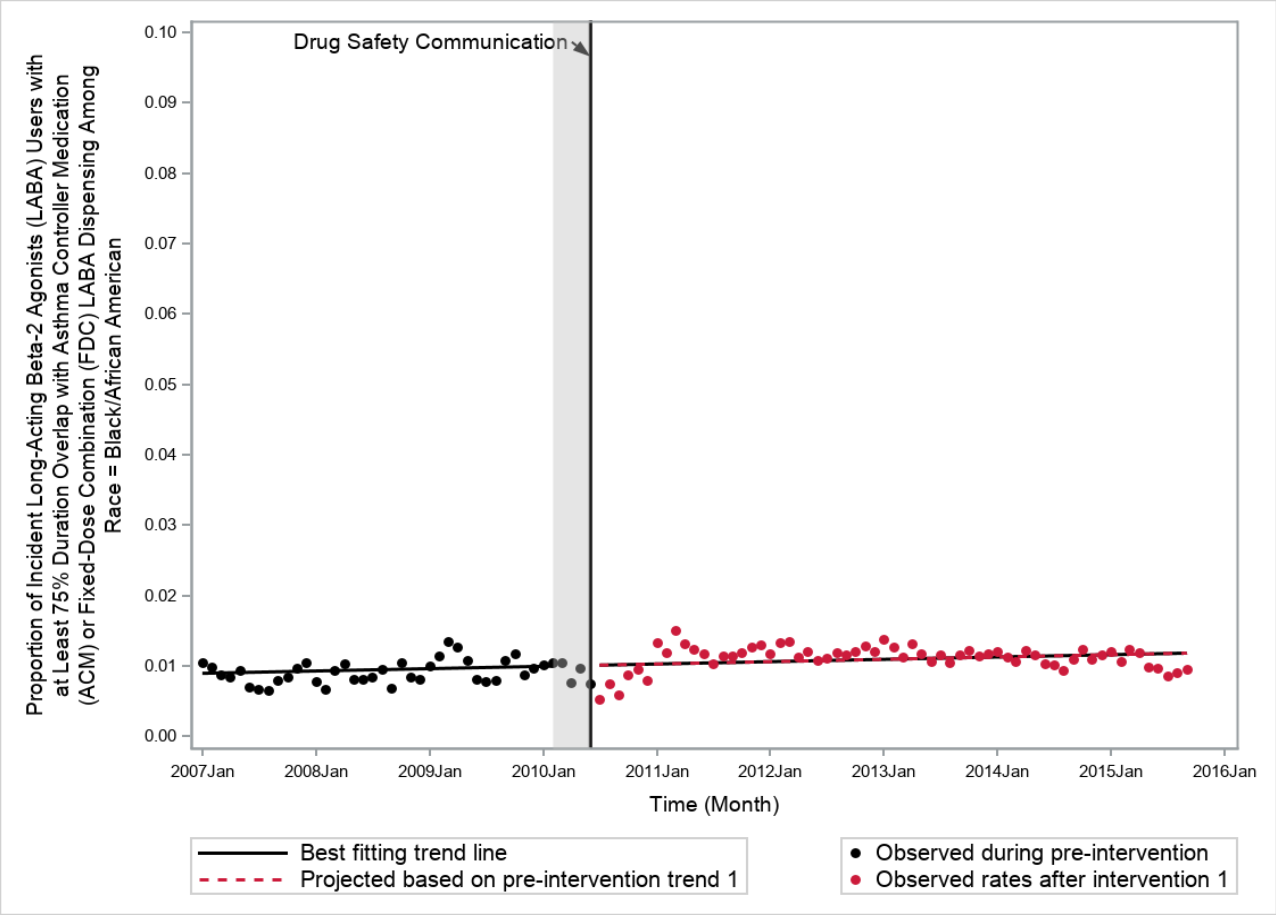
Figure 33. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Asian



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

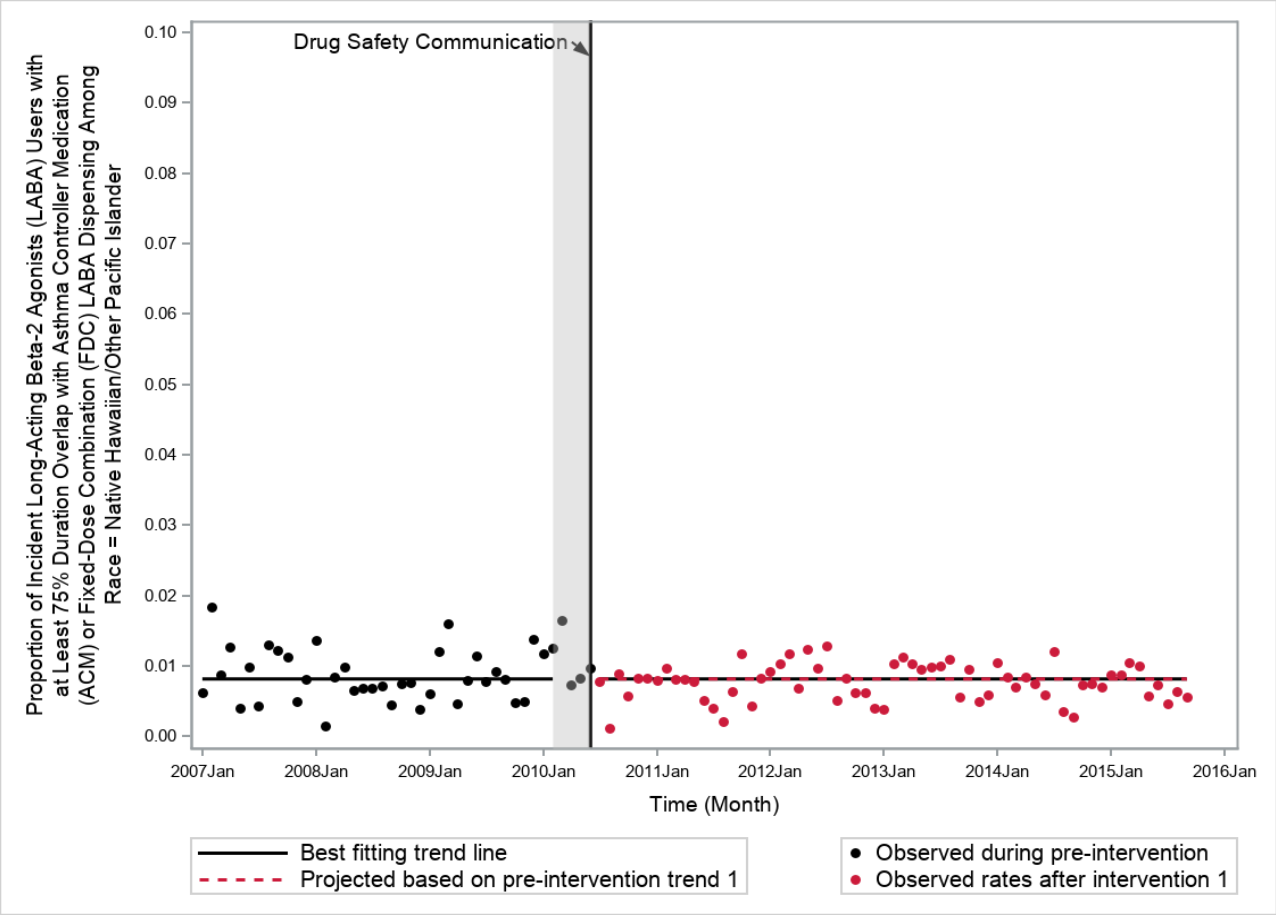
Figure 34. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Black/African American



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

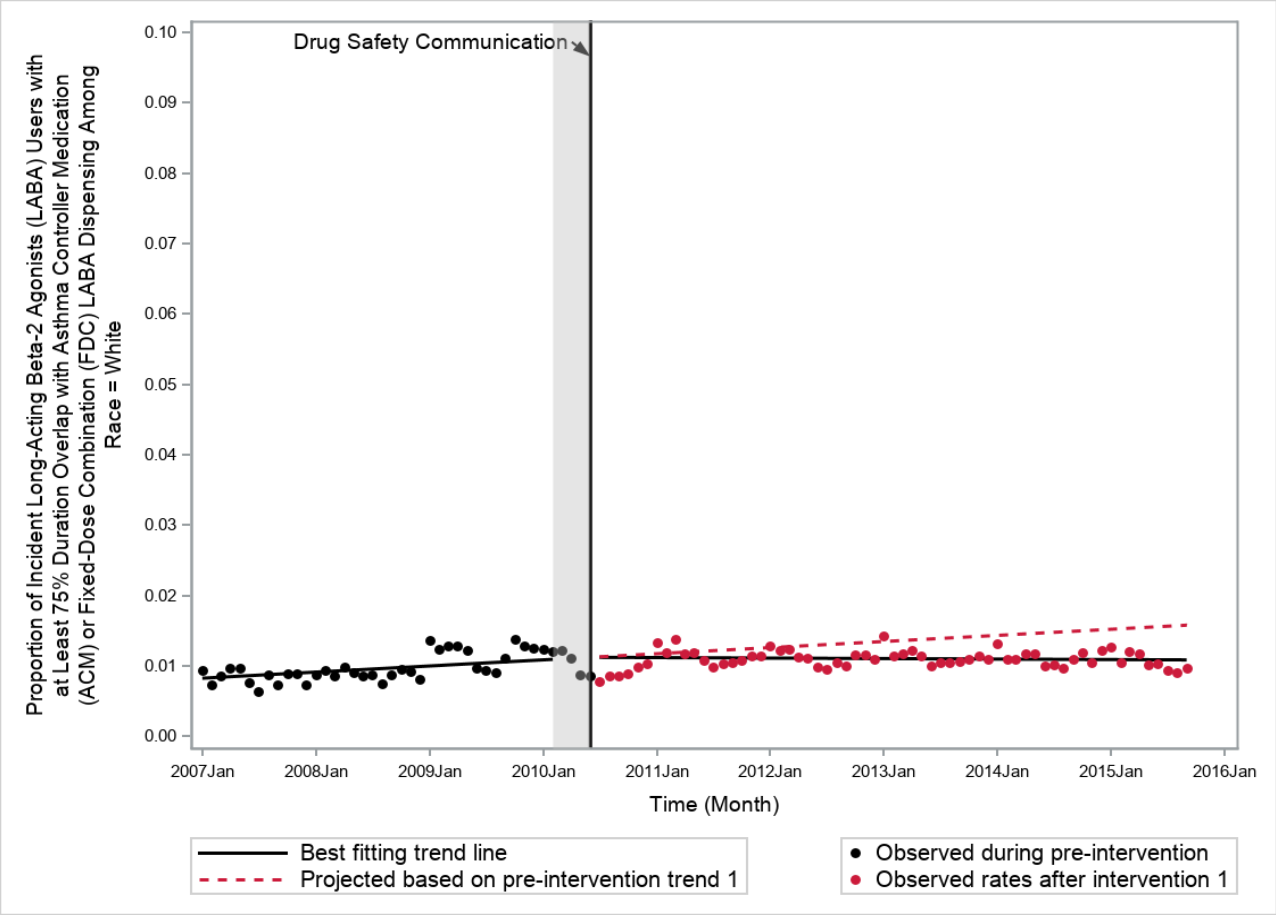
Figure 35. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Native Hawaiian/Other Pacific Islander



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

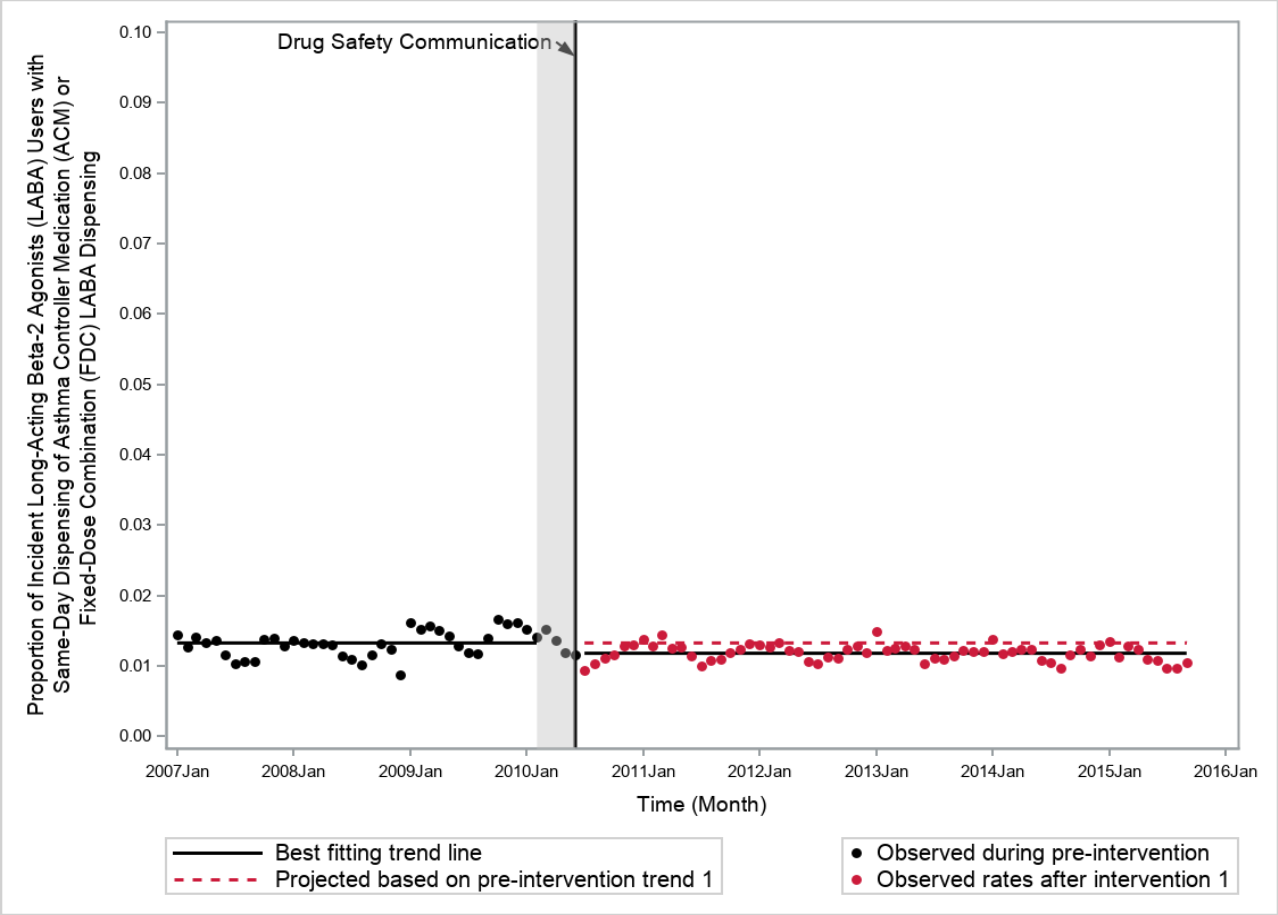
Figure 36. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with at Least 75% Duration Overlap with Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = White



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

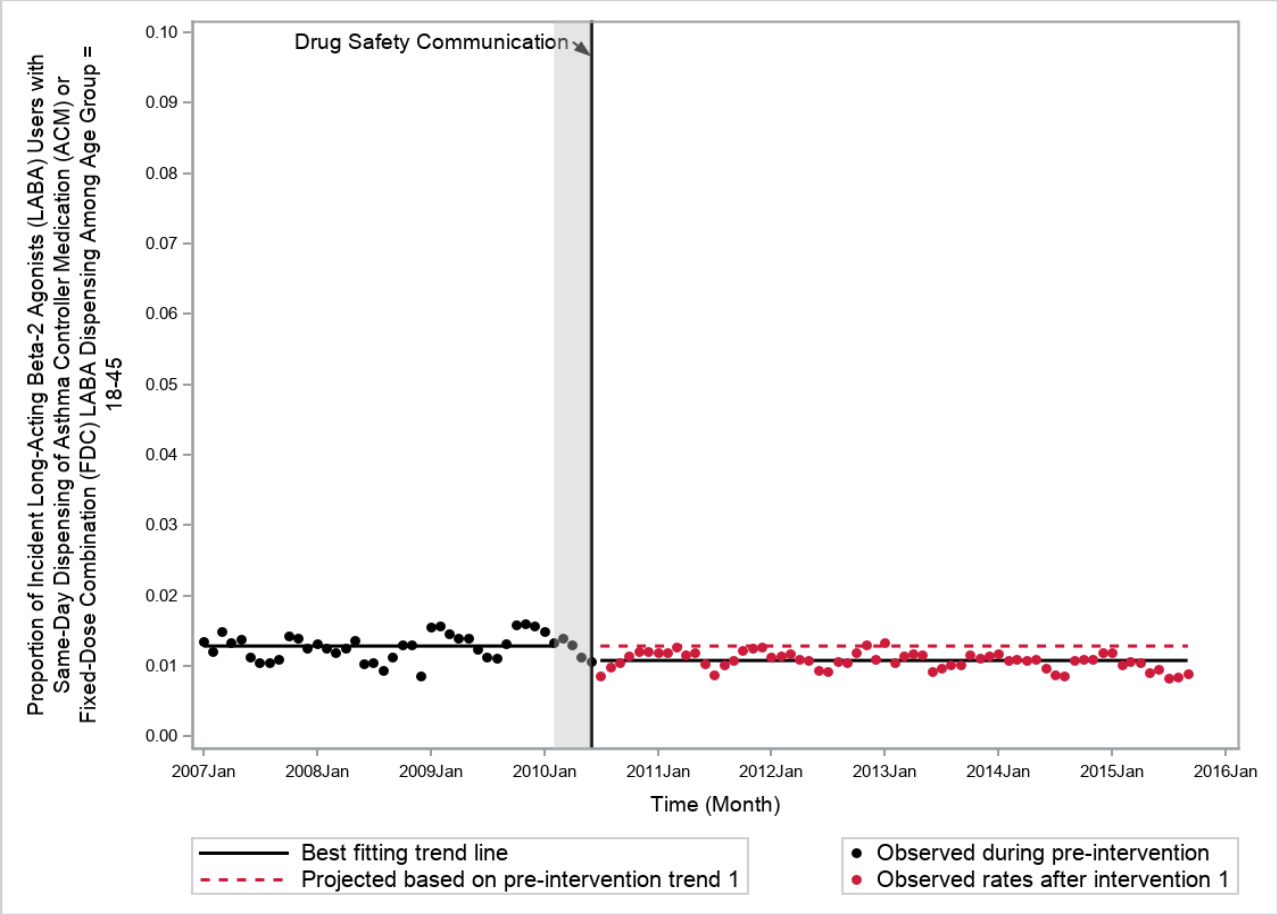
Figure 37. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2]



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

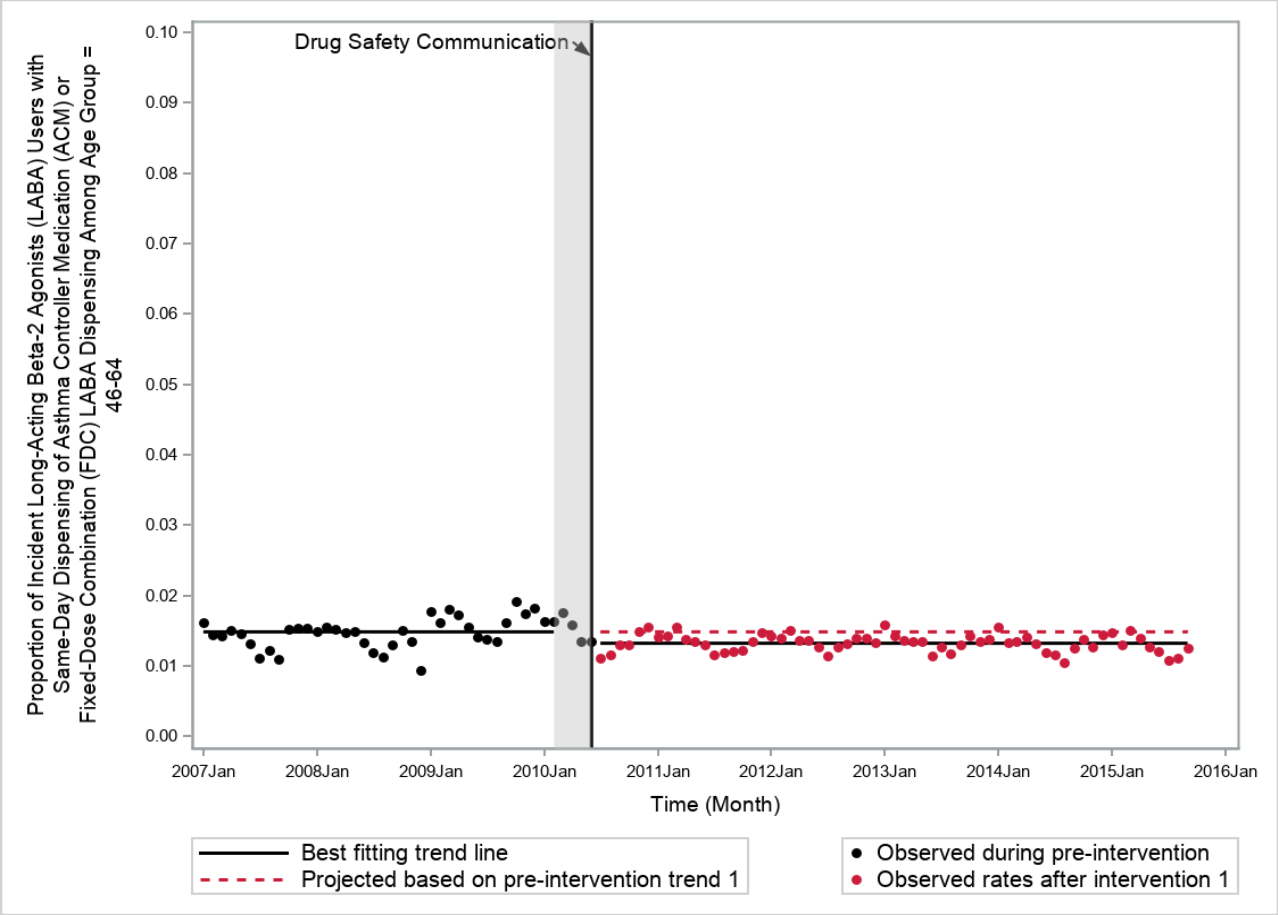
Figure 38. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 18-45



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

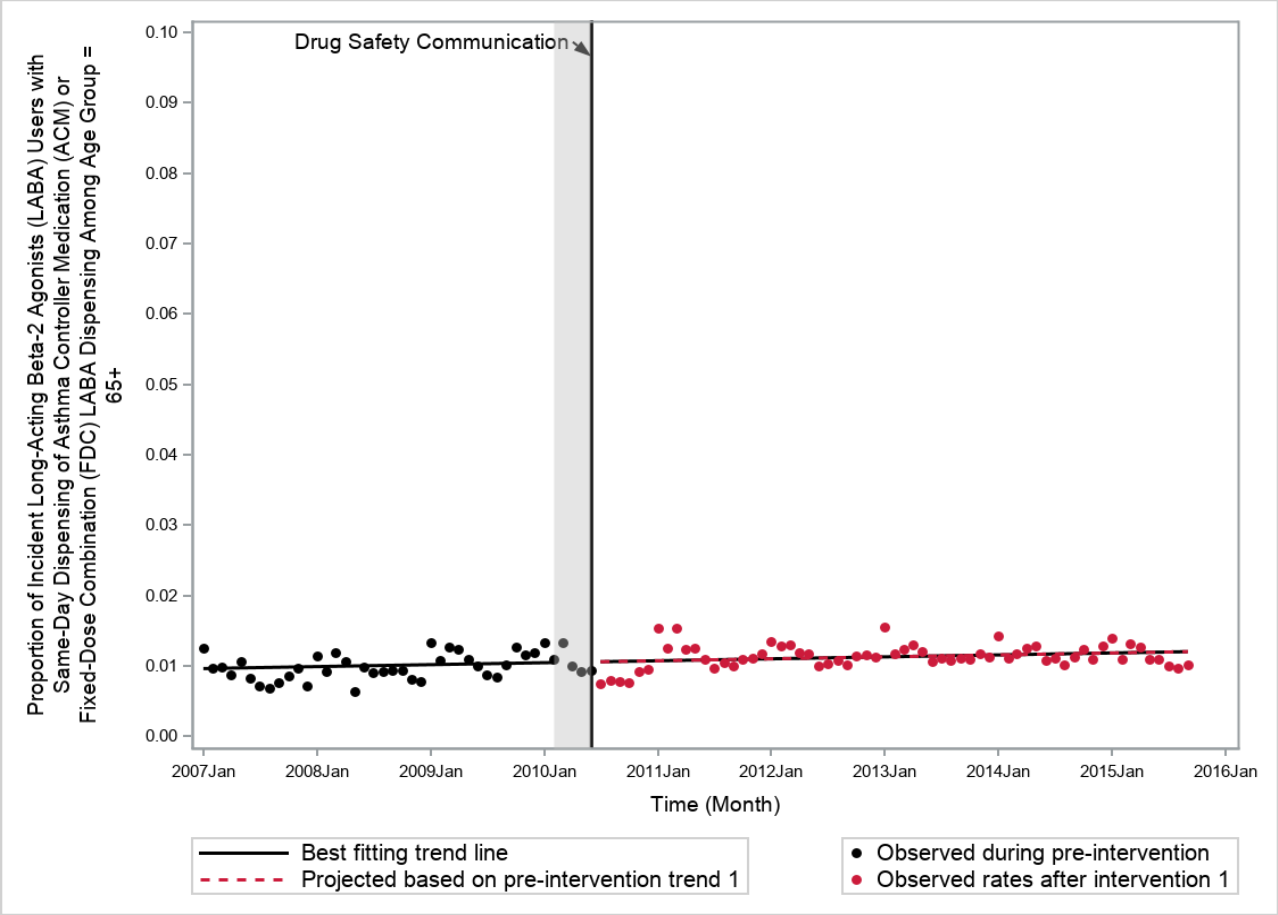
Figure 39. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 46-64



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

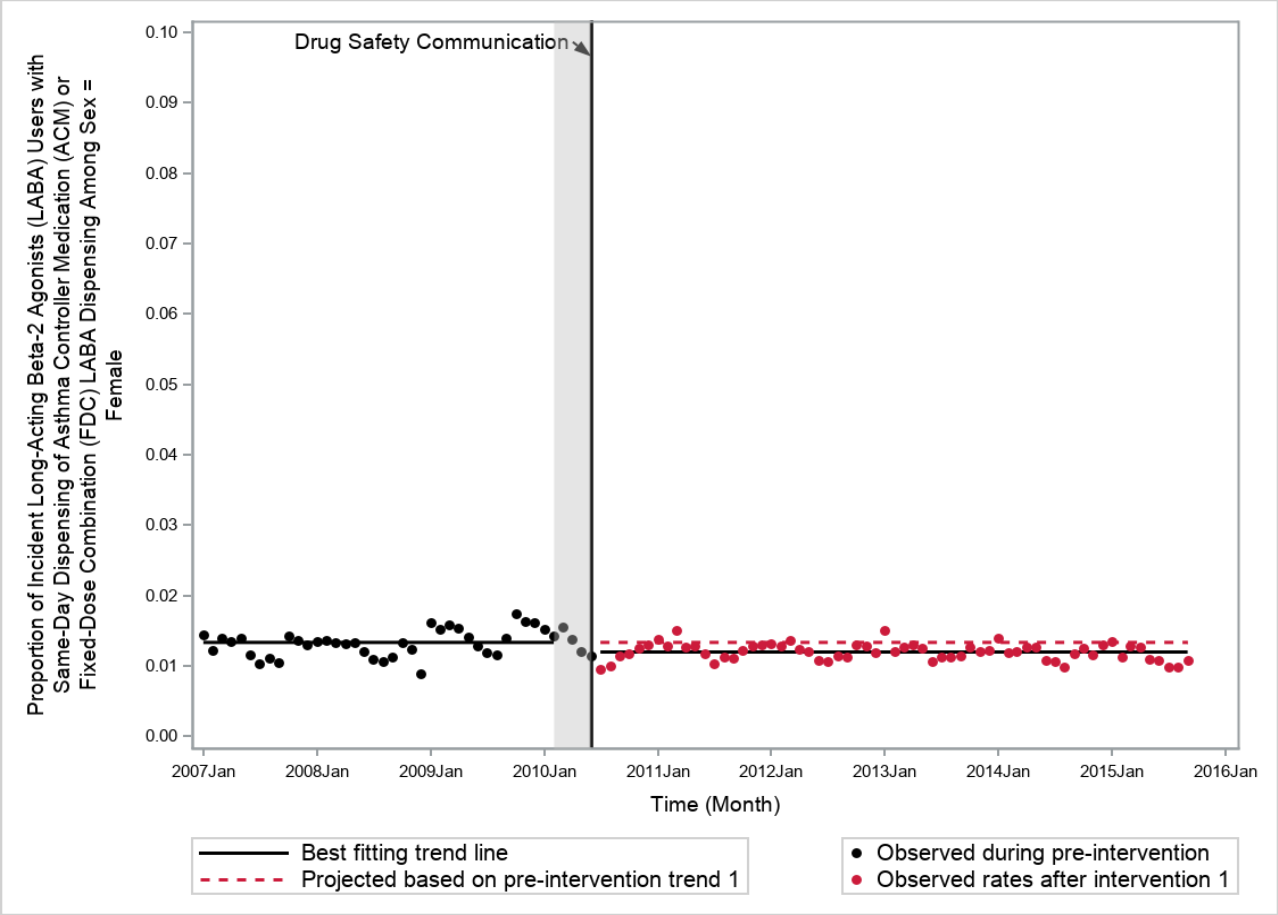
Figure 40. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Age Group = 65+



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

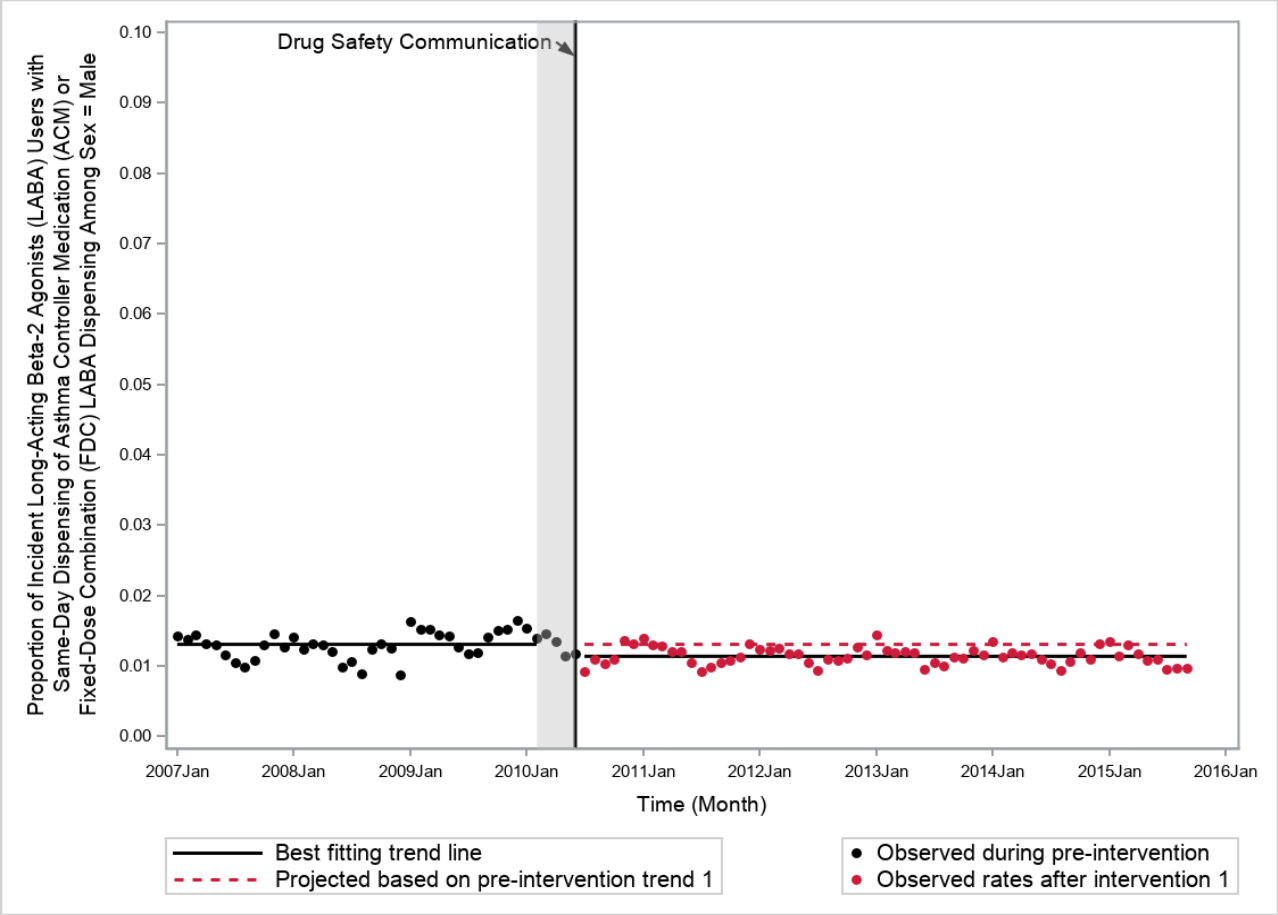
Figure 41. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Female



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

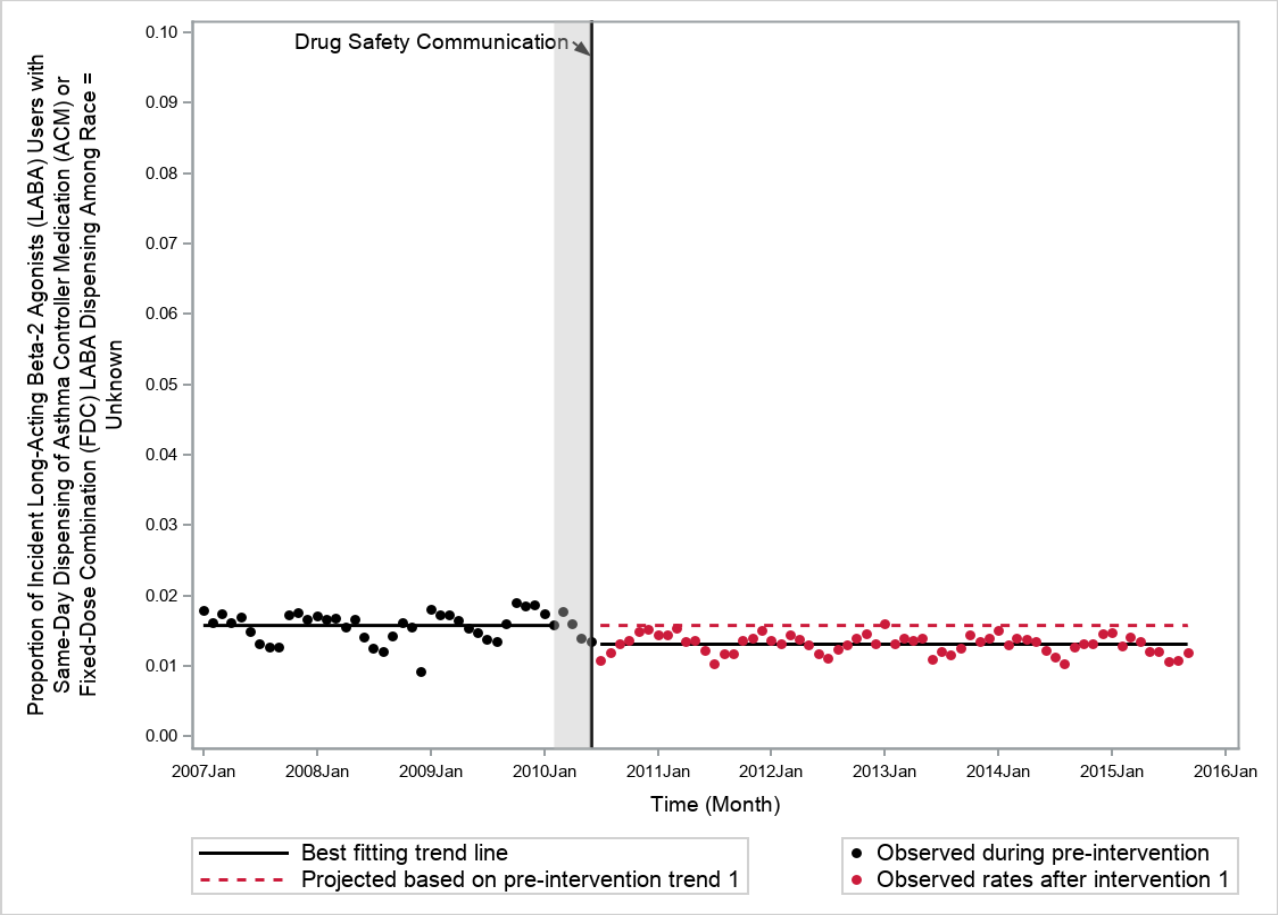
Figure 42. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Sex = Male



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

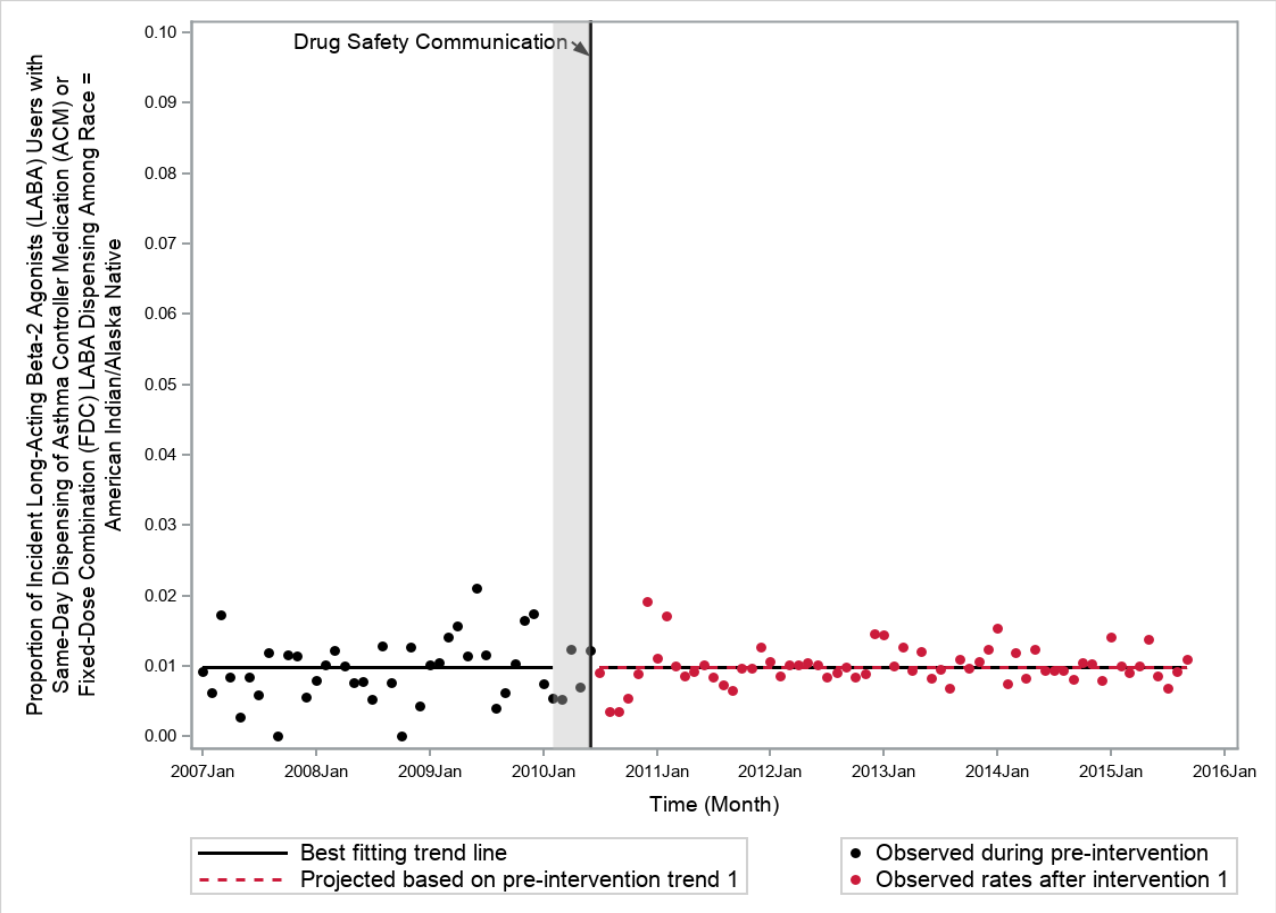
Figure 43. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Unknown



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

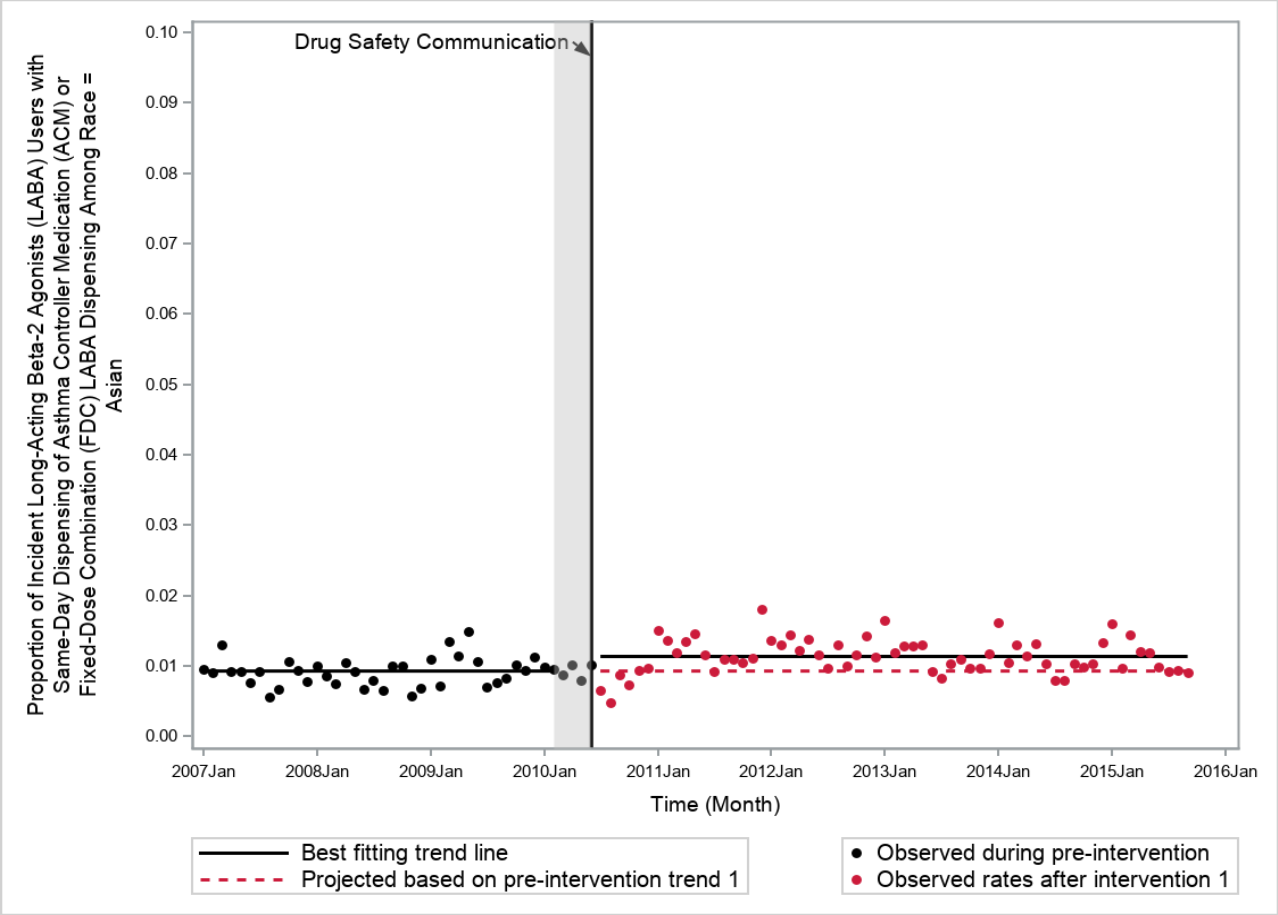
Figure 44. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = American Indian/Alaska Native



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

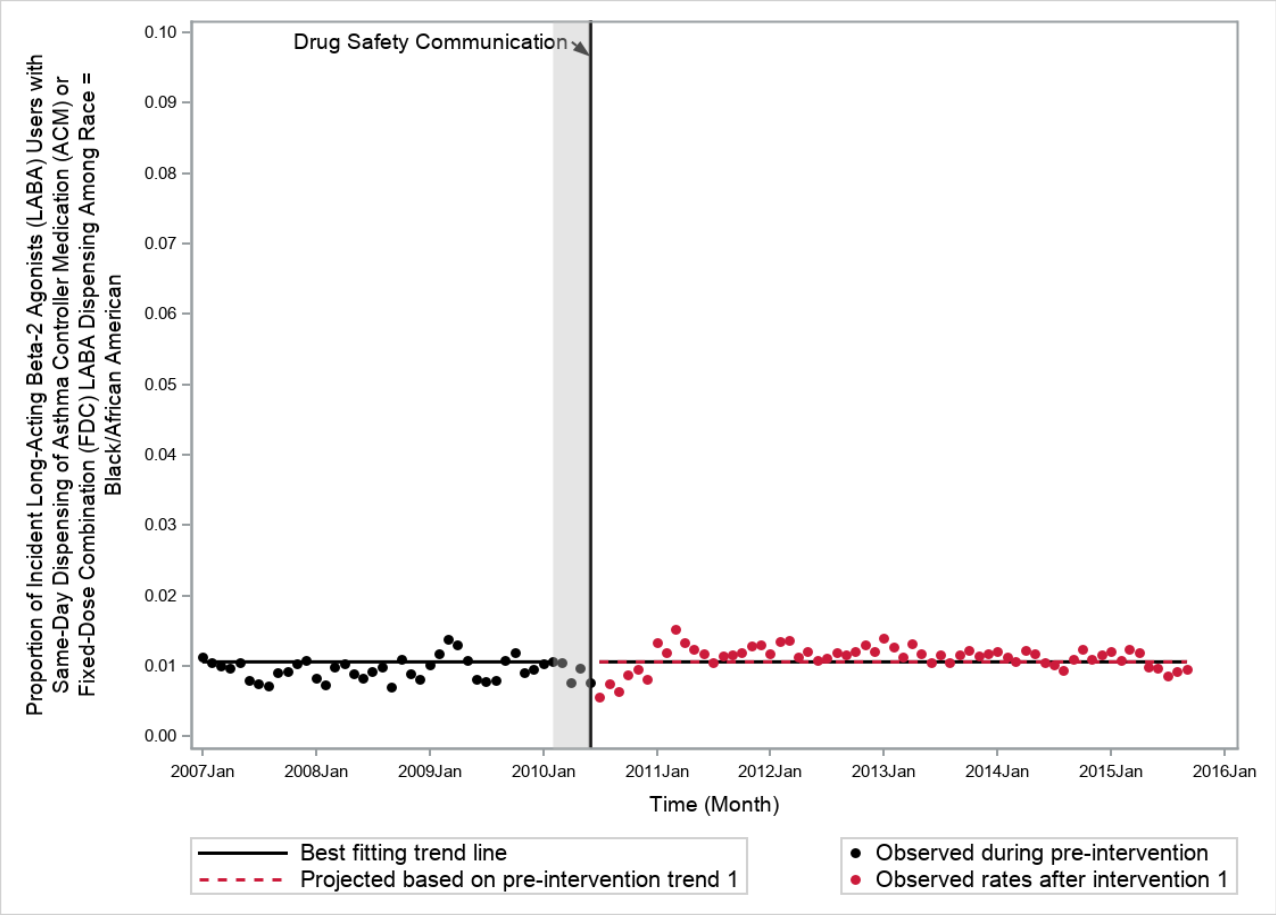
Figure 45. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Asian



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

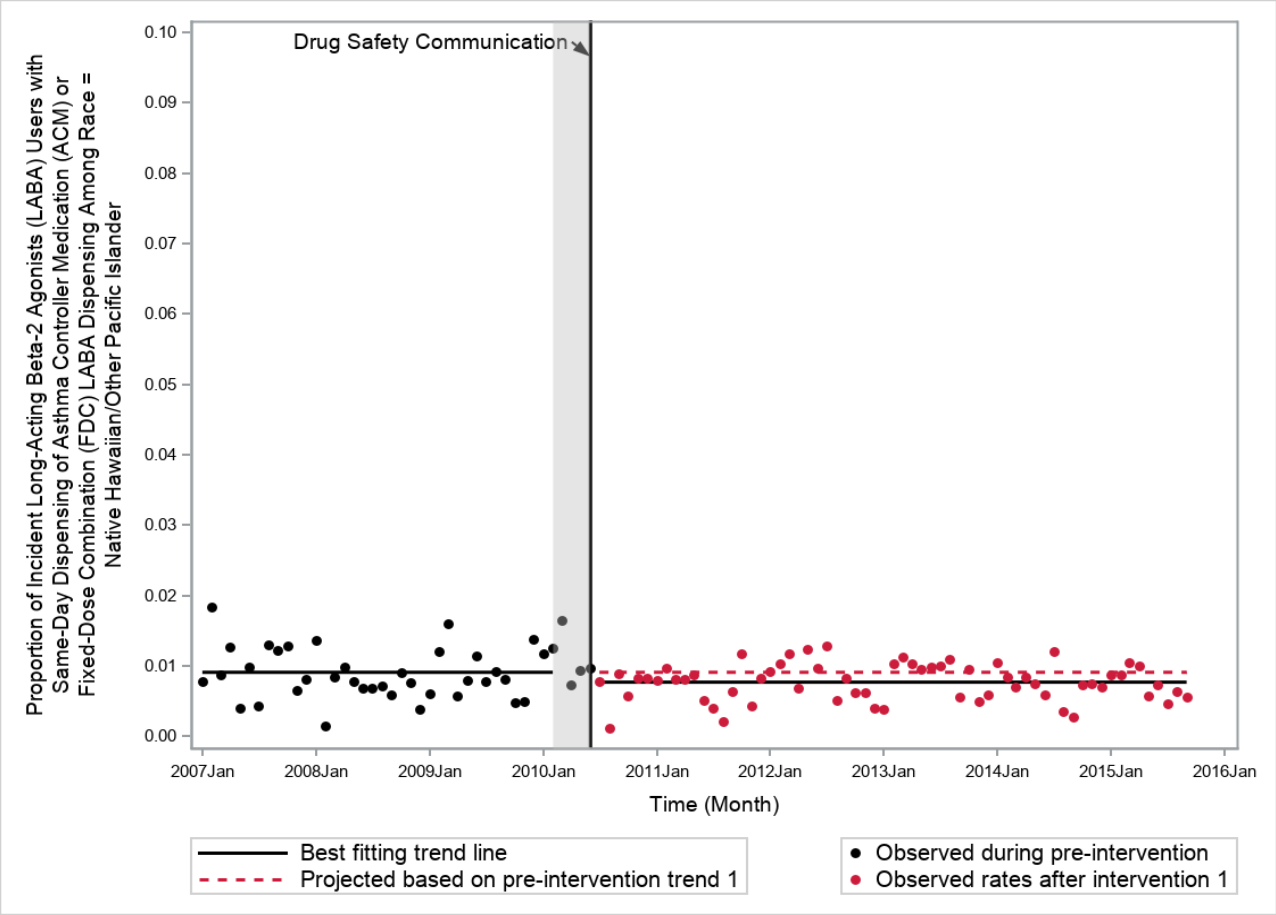
Figure 46. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Black/African American



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

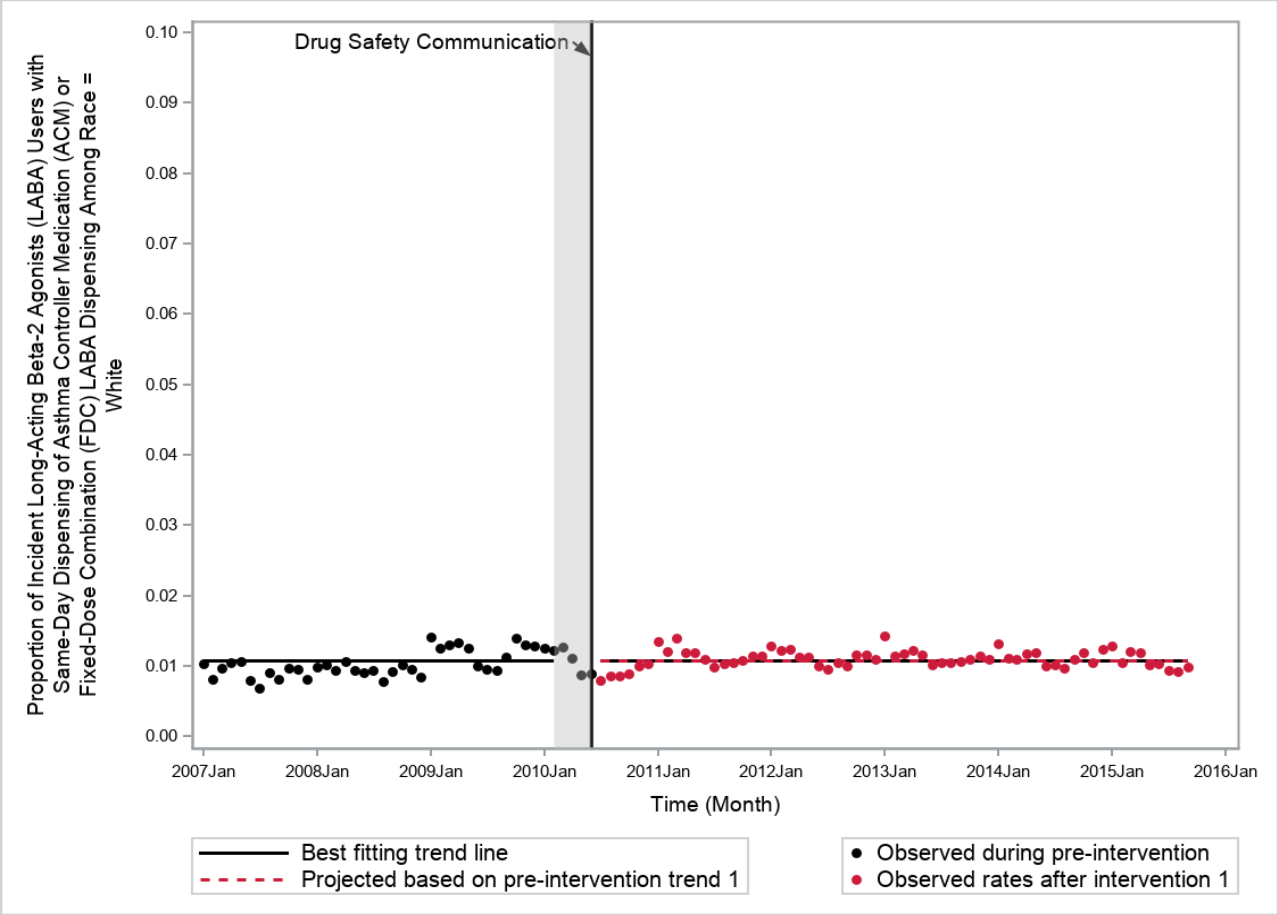
Figure 47. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = Native Hawaiian/Other Pacific Islander



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

Figure 48. Proportion of Incident Long-Acting Beta-2 Agonists (LABA) Users with Same-Day Dispensing of Asthma Controller Medication (ACM) or Fixed-Dose Combination (FDC) LABA Dispensing Among LABA-Naive Patients with Poorly Controlled Asthma (Without Short-Acting Beta-2 Agonist [SABA] Criteria) Before and After June 2, 2010[1,2], where Race = White



[1]The ITS model is performed with rounding to the nearest subsequent month for June 2, 2010 as the start of drug safety communication. Data from January 1, 2007 to September 30, 2015 is used to create the model.

[2]The gray box indicates the timing of the anticipatory period, starting from February 2, 2010 (rounded to the nearest subsequent month) up to the month prior to the first intervention (June 2, 2010).

Appendix A. Start and End Dates for Each Data Partner (DP) up to Request Distribution Date (April 6, 2020)

DP ID	Start Date[1]	End Date[1]
DP01	1/1/2004	8/31/2019
DP02	1/1/2008	3/31/2019
DP03	1/1/2000	7/31/2019
DP04	1/1/2006	6/30/2019
DP05	1/1/2000	4/30/2019
DP06	1/1/2000	2/28/2019
DP07	1/1/2000	6/30/2019
DP08	1/1/2000	3/31/2019
DP09	1/1/2000	1/31/2019
DP10	1/1/2010	6/30/2019
DP11	1/1/2012	6/30/2018
DP12	1/1/2008	9/30/2019
DP13	1/1/2005	7/31/2018
DP14	1/1/2000	12/31/2017
DP15	1/1/2000	4/30/2018
DP16	6/1/2007	7/31/2019

[1]The start and end dates are based on the minimum and maximum dates within each DP. The month with the maximum date must have at least 80% of the number of records in the previous month.

Appendix B. List of Generic and Brand Names of Medical Products Used to Define Single Ingredient (SI) and Fixed Dose Combination (FDC) Long-Acting Beta-2 Agonist (LABA)s and Other non-LABA Asthma Controller Medication (ACM) in this Request

Generic Name	Brand Name
SI-LABA	
formoterol fumarate	Foradil Aerolizer
salmeterol xinafoate	Serevent
salmeterol xinafoate	Serevent Diskus
FDC-LABA	
budesonide/formoterol fumarate	Symbicort
fluticasone furoate/umeclidinium bromide/vilanterol trifenat	Trelegy Ellipta
fluticasone furoate/vilanterol trifenatate	Breo Ellipta
fluticasone propionate/salmeterol xinafoate	AirDuo RespiClick
fluticasone propionate/salmeterol xinafoate	fluticasone propion-salmeterol
fluticasone propionate/salmeterol xinafoate	Advair Diskus
fluticasone propionate/salmeterol xinafoate	Wixela Inhub
fluticasone propionate/salmeterol xinafoate	Advair HFA
mometasone furoate/formoterol fumarate	Dulera
Inhaled Corticosteroids	
beclomethasone dipropionate	Qvar
beclomethasone dipropionate	Qvar RediHaler
budesonide	Pulmicort Flexhaler
budesonide	Pulmicort Turbuhaler
ciclesonide	Alvesco
flunisolide	Aerobid
flunisolide	Aerospan
flunisolide/menthol	Aerobid-M
fluticasone furoate	Arnuity Ellipta
fluticasone propionate	Flovent
fluticasone propionate	ArmonAir RespiClick
fluticasone propionate	Flovent Diskus
fluticasone propionate	Flovent HFA
mometasone furoate	Asmanex Twisthaler
mometasone furoate	Asmanex HFA
triamcinolone acetonide	Azmacort
Leukotriene Modifiers	
montelukast sodium	montelukast
montelukast sodium	Singulair
zafirlukast	Accolate
zafirlukast	zafirlukast
zileuton	Zyflo
zileuton	zileuton
zileuton	Zyflo CR

Appendix B. List of Generic and Brand Names of Medical Products Used to Define Single Ingredient (SI) and Fixed Dose Combination (FDC) Long-Acting Beta-2 Agonist (LABA)s and Other non-LABA Asthma Controller Medication (ACM) in this Request

Generic Name	Brand Name
Chromones	
cromolyn sodium	Intal
cromolyn sodium	Intal 112
cromolyn sodium	Intal 200
nedocromil sodium	Tilade
Oral Corticosteroids	
cortisone acetate	cortisone
dexamethasone	Dexamethasone Intensol
dexamethasone	Baycadron
dexamethasone	Decadron
dexamethasone	dexamethasone
dexamethasone	DexPak 10 day
dexamethasone	DexPak 13 Day
dexamethasone	DexPak 6 Day
dexamethasone	Dxevo
dexamethasone	HiDex
dexamethasone	LoCort
dexamethasone	TaperDex
dexamethasone	Zema-Pak
dexamethasone	ZoDex
dexamethasone	ZonaCort
methylprednisolone	Medrol
methylprednisolone	methylprednisolone
methylprednisolone	Medrol (Pak)
methylprednisolone	Meprolone Unipak
methylprednisolone	Methylpred
methylprednisolone	Methylpred DP
prednisolone	prednisolone
prednisolone	Prelone
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone acetate	Flo-Pred
prednisolone sodium phosphate	Millipred
prednisolone sodium phosphate	prednisolone sodium phosphate
prednisolone sodium phosphate	Orapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	Bubbli-Pred
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Orapred ODT
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred Plus
prednisone	Prednisone Intensol

Appendix B. List of Generic and Brand Names of Medical Products Used to Define Single Ingredient (SI) and Fixed Dose Combination (FDC) Long-Acting Beta-2 Agonist (LABA)s and Other non-LABA Asthma Controller Medication (ACM) in this Request

Generic Name	Brand Name
prednisone	prednisone
prednisone	Deltasone
prednisone	Rayos
prednisone	Sterapred DS
prednisone	Sterapred
Immunomodulators	
benralizumab	Fasenra
dupilumab	Dupixent
mepolizumab	Nucala
omalizumab	Xolair
reslizumab	Cinqair
Methylxanthines	
aminophylline	aminophylline
dyphylline	Dylix
dyphylline	Lufyllin
theophylline anhydrous	Slo-Bid Gyrocaps
theophylline anhydrous	TheoCap
theophylline anhydrous	theophylline
theophylline anhydrous	Theo-24
theophylline anhydrous	Elixophyllin
theophylline anhydrous	Quibron-T
theophylline anhydrous	Uniphyl
theophylline anhydrous	Theochron
theophylline anhydrous	Quibron-T/SR

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
	Asthma		
493	Asthma	Diagnosis	ICD-9-CM
493.0	Extrinsic asthma	Diagnosis	ICD-9-CM
493.00	Extrinsic asthma, unspecified	Diagnosis	ICD-9-CM
493.01	Extrinsic asthma with status asthmaticus	Diagnosis	ICD-9-CM
493.02	Extrinsic asthma, with (acute) exacerbation	Diagnosis	ICD-9-CM
493.1	Intrinsic asthma	Diagnosis	ICD-9-CM
493.10	Intrinsic asthma, unspecified	Diagnosis	ICD-9-CM
493.11	Intrinsic asthma with status asthmaticus	Diagnosis	ICD-9-CM
493.12	Intrinsic asthma, with (acute) exacerbation	Diagnosis	ICD-9-CM
493.2	Chronic obstructive asthma	Diagnosis	ICD-9-CM
493.20	Chronic obstructive asthma, unspecified	Diagnosis	ICD-9-CM
493.21	Chronic obstructive asthma with status asthmaticus	Diagnosis	ICD-9-CM
493.22	Chronic obstructive asthma, with (acute) exacerbation	Diagnosis	ICD-9-CM
493.8	Other forms of asthma	Diagnosis	ICD-9-CM
493.81	Exercise induced bronchospasm	Diagnosis	ICD-9-CM
493.82	Cough variant asthma	Diagnosis	ICD-9-CM
493.9	Unspecified asthma	Diagnosis	ICD-9-CM
493.90	Asthma, unspecified, unspecified status	Diagnosis	ICD-9-CM
493.91	Asthma, unspecified with status asthmaticus	Diagnosis	ICD-9-CM
493.92	Asthma, unspecified, with (acute) exacerbation	Diagnosis	ICD-9-CM
	Chronic Obstructive Pulmonary Disease (COPD)		
490	Bronchitis, not specified as acute or chronic	Diagnosis	ICD-9-CM
491	Chronic bronchitis	Diagnosis	ICD-9-CM
491.0	Simple chronic bronchitis	Diagnosis	ICD-9-CM
491.1	Mucopurulent chronic bronchitis	Diagnosis	ICD-9-CM
491.2	Obstructive chronic bronchitis	Diagnosis	ICD-9-CM
491.20	Obstructive chronic bronchitis, without exacerbation	Diagnosis	ICD-9-CM
491.21	Obstructive chronic bronchitis, with (acute) exacerbation	Diagnosis	ICD-9-CM
491.22	Obstructive chronic bronchitis with acute bronchitis	Diagnosis	ICD-9-CM
491.8	Other chronic bronchitis	Diagnosis	ICD-9-CM
491.9	Unspecified chronic bronchitis	Diagnosis	ICD-9-CM
492	Emphysema	Diagnosis	ICD-9-CM
492.0	Emphysematous bleb	Diagnosis	ICD-9-CM
492.8	Other emphysema	Diagnosis	ICD-9-CM
493.2	Chronic obstructive asthma	Diagnosis	ICD-9-CM
493.20	Chronic obstructive asthma, unspecified	Diagnosis	ICD-9-CM
493.21	Chronic obstructive asthma with status asthmaticus	Diagnosis	ICD-9-CM
493.22	Chronic obstructive asthma, with (acute) exacerbation	Diagnosis	ICD-9-CM
496	Chronic airway obstruction, not elsewhere classified	Diagnosis	ICD-9-CM

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
	Cystic Fibrosis		
277.0	Cystic fibrosis	Diagnosis	ICD-9-CM
277.00	Cystic fibrosis without mention of meconium ileus	Diagnosis	ICD-9-CM
277.01	Cystic fibrosis with meconium ileus	Diagnosis	ICD-9-CM
277.02	Cystic fibrosis with pulmonary manifestations	Diagnosis	ICD-9-CM
277.03	Cystic fibrosis with gastrointestinal manifestations	Diagnosis	ICD-9-CM
277.09	Cystic fibrosis with other manifestations	Diagnosis	ICD-9-CM
	Bronchiectasis		
494	Bronchiectasis	Diagnosis	ICD-9-CM
494.0	Bronchiectasis without acute exacerbation	Diagnosis	ICD-9-CM
494.1	Bronchiectasis with acute exacerbation	Diagnosis	ICD-9-CM
	Pulmonary Hypertension or Embolism		
415.1	Pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.11	Iatrogenic pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.12	Septic pulmonary embolism	Diagnosis	ICD-9-CM
415.13	Saddle embolus of pulmonary artery	Diagnosis	ICD-9-CM
415.19	Other pulmonary embolism and infarction	Diagnosis	ICD-9-CM
416.0	Primary pulmonary hypertension	Diagnosis	ICD-9-CM
	Bronchopulmonary Dysplasia		
770.7	Chronic respiratory disease arising in the perinatal period	Diagnosis	ICD-9-CM
	Congestive Heart Failure		
428	Heart failure	Diagnosis	ICD-9-CM
428.0	Congestive heart failure, unspecified	Diagnosis	ICD-9-CM
428.1	Left heart failure	Diagnosis	ICD-9-CM
428.2	Systolic heart failure	Diagnosis	ICD-9-CM
428.20	Unspecified systolic heart failure	Diagnosis	ICD-9-CM
428.21	Acute systolic heart failure	Diagnosis	ICD-9-CM
428.22	Chronic systolic heart failure	Diagnosis	ICD-9-CM
428.23	Acute on chronic systolic heart failure	Diagnosis	ICD-9-CM
428.3	Diastolic heart failure	Diagnosis	ICD-9-CM
428.30	Unspecified diastolic heart failure	Diagnosis	ICD-9-CM
428.31	Acute diastolic heart failure	Diagnosis	ICD-9-CM
428.32	Chronic diastolic heart failure	Diagnosis	ICD-9-CM
428.33	Acute on chronic diastolic heart failure	Diagnosis	ICD-9-CM
428.4	Combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.40	Unspecified combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.41	Acute combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.42	Chronic combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.43	Acute on chronic combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.9	Unspecified heart failure	Diagnosis	ICD-9-CM

Appendix D. List of Generic and Brand Names of Medical Products Used to Define Poorly Controlled Asthma in this Request

Generic Name	Brand Name
Inhaled Corticosteroids	
beclomethasone dipropionate	Qvar
beclomethasone dipropionate	Qvar RediHaler
budesonide	Pulmicort Flexhaler
budesonide	Pulmicort Turbuhaler
ciclesonide	Alvesco
flunisolide	Aerobid
flunisolide	Aerospan
flunisolide/menthol	Aerobid-M
fluticasone furoate	Arnuity Ellipta
fluticasone propionate	Flovent
fluticasone propionate	ArmonAir RespiClick
fluticasone propionate	Flovent Diskus
fluticasone propionate	Flovent HFA
mometasone furoate	Asmanex Twisthaler
mometasone furoate	Asmanex HFA
triamcinolone acetonide	Azmacort
Leukotriene Modifiers	
montelukast sodium	montelukast
montelukast sodium	Singulair
zafirlukast	Accolate
zafirlukast	zafirlukast
zileuton	Zyflo
zileuton	zileuton
zileuton	Zyflo CR
Oral Corticosteroids	
cortisone acetate	cortisone
dexamethasone	Dexamethasone Intensol
dexamethasone	Baycadron
dexamethasone	Decadron
dexamethasone	dexamethasone
dexamethasone	DexPak 10 day
dexamethasone	DexPak 13 Day
dexamethasone	DexPak 6 Day
dexamethasone	Dxevo
dexamethasone	HiDex
dexamethasone	LoCort
dexamethasone	TaperDex
dexamethasone	Zema-Pak
dexamethasone	ZoDex
dexamethasone	ZonaCort
methylprednisolone	Medrol
methylprednisolone	methylprednisolone
methylprednisolone	Medrol (Pak)

Appendix D. List of Generic and Brand Names of Medical Products Used to Define Poorly Controlled Asthma in this Request

Generic Name	Brand Name
methylprednisolone	Meprolone Unipak
methylprednisolone	Methylpred
methylprednisolone	Methylpred DP
prednisolone	prednisolone
prednisolone	Prelone
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone acetate	Flo-Pred
prednisolone sodium phosphate	Millipred
prednisolone sodium phosphate	prednisolone sodium phosphate
prednisolone sodium phosphate	Orapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	Bubbli-Pred
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Orapred ODT
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred Plus
prednisone	Prednisone Intensol
prednisone	prednisone
prednisone	Deltasone
prednisone	Rayos
prednisone	Sterapred DS
prednisone	Sterapred
Short-Acting Beta-2 Agonists (SABA)	
albuterol	albuterol
albuterol	albuterol (refill)
albuterol	Proventil
albuterol	Proventil (Refill)
albuterol	Ventolin
albuterol sulfate	ProAir RespiClick
albuterol sulfate	albuterol sulfate
albuterol sulfate	ProAir HFA
albuterol sulfate	Proventil HFA
albuterol sulfate	Ventolin HFA
levalbuterol tartrate	levalbuterol tartrate
levalbuterol tartrate	Xopenex HFA
metaproterenol sulfate	Alupent
pirbuterol acetate	Maxair Autohaler

Appendix E. Specifications Defining Parameters for this Request

This request executed the Cohort Identification and Descriptive Analysis (CIDA) tool, version 9.3.1, to estimate incident use of long-acting beta-2 agonist (LABA) with and without a long-term asthma controller medication (ACM) among asthma patients before and after drug safety communications (DSCs) issued on June 2, 2010 in the Sentinel Distributed Database (SDD). The purpose of the request is to test the newly added functionality for interrupted time series (ITS) analysis, which creates regression models of rates over time after truncating follow-up time at a pre-specified intervention date.

Query Period: January 01, 2006 - September 30, 2015
Coverage Requirement: Medical & Drug Coverage
Pre-Index Enrollment Requirement: See below
Post-Index Enrollment Requirement: N/A
Enrollment Gap: 45 days
Age Groups: 18-45, 46-64, 65+ years
Sex Groups: Male, female
Stratifications: Age group, sex, race, ethnicity, Census Bureau regions
Censor Output Categorization: 0-30, 31-60, 61-90, 91-120, 121-183, 184-365, 366-730, 730+
Restrictions: N/A
Envelope Macro: No reclassification
Features: Interrupted time series (ITS) analysis, distribution of index-defining codes, multiple events/overlap, censoring output
Freeze Data: Yes

		Cohorts 12-14		
		Recommendation 2 Poorly controlled LABA, canister sensitivity		
		Scenario 9	**Scenario 6**	**Scenario 7**
ITS Analysis Groups	**Group Name**	**grp6_pcasthma_nocan**	**grp456_acm2**	**grp456_fdc2**
	ITS Group	**Primary**	**Secondary**	
	Rate Denominator Definition	Poorly controlled asthma patients	N/A	
	Rate Denominator	Number of eligible members	N/A	
	Rate Numerator Definition	N/A	**Incident LABA users concurrent with ACM use**	
	Rate Numerator	N/A	Number of adherent patients	
	Pre-index enrollment requirement:	365 days	0 days	365 days

Appendix E. Specifications Defining Parameters for this Request

		Cohorts 12-14		
		Recommendation 2 Poorly controlled LABA, canister sensitivity		
		Scenario 9	**Scenario 6**	**Scenario 7**
Drug/Exposure	**Exposure**	All LABA products (Single-ingredient (SI) OR fixed-dose combination (FDC))	Non-LABA asthma controller medication (ACM) (ICS, leukotriene modifier, chromones, oral systemic corticosteroids, immunomodulators, and methylxanthines)	FDC LABA
	Care Setting	N/A	N/A	N/A
	Incident with Respect To	All LABA products (SI or FDC)		
	Washout	183 days	0 days	0 days
	Exposure Episode Truncation Criteria	*Death *Data Partner (DP) end date *Query end date	*Death *DP end date *Query end date	*Death *DP end date *Query end date
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Cohort includes all valid exposure episodes during the query period (02)	Cohort includes all valid exposure episodes during the query period (02)
	Prevalent Cohort Creation?	Yes	N/A	N/A
	Exposure Episode Gap	25% previous days' supply	25% previous days' supply	25% previous days' supply
	Exposure Extension Period	0 days	0 days	0 days
	Minimum Episode Duration	1 day	1 day	1 day
	Minimum Days Supplied	1 day	1 day	1 day
	Intention-to-Treat Days	N/A	N/A	N/A
Inclusion/Exclusion Criteria	**Conditions**	*Chronic obstructive pulmonary disease (COPD) *Cystic fibrosis *Bronchiectasis *Pulmonary hypertension or embolism *Bronchopulmonary dysplasia *Congestive heart failure		*COPD *Cystic fibrosis *Bronchiectasis *Pulmonary hypertension or embolism *Bronchopulmonary dysplasia *Congestive heart failure
	Include or Exclude	Exclusion		Exclusion
	Care Setting/Principal Diagnosis (PDX)	Any		Any
	Lookback Period	(-365, 0) days		(-365, 0) days
	Number of Code Occurrences	1 instance		1 instance

Appendix E. Specifications Defining Parameters for this Request

		Cohorts 12-14 Recommendation 2 Poorly controlled LABA, canister sensitivity		
		Scenario 9	**Scenario 6**	**Scenario 7**
Inclusion/Exclusion Criteria	**Conditions**	Asthma (493.xx)		
	Include or Exclude	Inclusion		
	Care Setting/PDX	IP*, ED*, AV*, OA*		
	Lookback Period	(-365, 0) days		
	Number of Code Occurrences	1 instance if (IP*, ED*) 2 instances if (AV*, OA*)		
Inclusion/Exclusion Criteria	**Conditions**	Poorly controlled asthma (ICS or LM dispensing) (lookback period: days supply)		
	Include or Exclude	Inclusion		
	Care Setting/PDX	N/A		
	Lookback Period	(-90, -1)		
	Number of Code Occurrences	1 instance		
		OR		
Inclusion/Exclusion Criteria	**Conditions**	Poorly controlled asthma (asthma (493.xx))		
	Include or Exclude	Inclusion		
	Care Setting/PDX	IP*, ED*		
	Lookback Period	(-90, -1) days		
	Number of Code Occurrences	1 instance		
		OR		
Inclusion/Exclusion Criteria	**Conditions**	Poorly controlled asthma (oral corticosteroids dispensing of 21 days' supply or smaller) (combo) (lookback period: days supply)		
	Include or Exclude	Inclusion		
	Care Setting/PDX	N/A		
	Lookback Period	(-90, -1) days		
	Number of Code Occurrences	2 instances		

Appendix E. Specifications Defining Parameters for this Request

		Cohorts 12-14		
		Recommendation 2 Poorly controlled LABA, canister sensitivity		
		Scenario 9	Scenario 6	Scenario 7
Inclusion/Exclusion Criteria	**Conditions**			
	Include or Exclude			
	Care Setting/PDX			
	Lookback Period			
	Number of Code Occurrences			
Stockpiling	**Same Day Dispensing (Days Supplied)**	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum
	Range of Allowable Days Supplied	N/A	N/A	N/A
	Range of Allowable Amount Supplied	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default
Multiple Events / Overlap	**Multiple Events or Overlap?**	Overlap (**M910_pc2_laba)**		
	Group Identifier	Primary	Secondary	
	Observation Window Around Primary Episode	(Index date, episode end)		
	Secondary Episode to Use for Time Metrics	N/A		
	Minimum Cutoff to be Considered Adherent	1 day		
	Categories for Overlap Metrics	0-<25 25-<50 50-<75 >=75 =100%		
	Primary Episode Categories	0-30 31-60 61-90 91-120 121-183 184-365 366-730 731+		
Adherence	**Adherence Name**	**Incident LABA Users 50% concurrent with ACM Use (Sensitivity Analysis) (M910_pc2_laba_50)**		
	Minimum/Maximum Episode Length or Overlap Time (Overlap)	50% minimum		
	Minimum/Maximum Secondary Episode Count (Multiple Events)	N/A		
	Minimum/Maximum Secondary Episode Gap (Multiple Events)	N/A		
	Minimum/Maximum Time to Secondary Episode Count (Multiple Events)	N/A		

Appendix E. Specifications Defining Parameters for this Request

		Cohorts 12-14		
		Recommendation 2 Poorly controlled LABA, canister sensitivity		
		Scenario 9	Scenario 6	Scenario 7
Adherence	**Adherence Name**	**Incident LABA Users 75% concurrent with ACM Use (Sensitivity Analysis) (M910_pc2_laba_75)**		
	Minimum/Maximum Episode Length or Overlap Time (Overlap)	75% minimum		
	Minimum/Maximum Secondary Episode Count (Multiple Events)	N/A		
	Minimum/Maximum Secondary Episode Gap (Multiple Events)	N/A		
	Minimum/Maximum Time to Secondary Episode Count (Multiple Events)	N/A		
ITS Analysis	**Data Range Start, End**	Full query period		
	Anticipatory Date 1 Start	February 2010		
	Intervention Date 1	June 2010		
	Anticipatory Date 2 Start	N/A		
	Intervention Date 2	N/A		
	Interval Length	Month		
	P-Value	0.05		
	Autoregression Lag	12 months		
	Autoregression Model Parameter Cutoff	0.2		
	Time Points at Which to Report Difference Metrics	January 2011, June 2011, January 2012, June 2012		
	Continuous Enrollment Required?	No		
Baseline Covariates	**Covariates**	SI-LABA FDC All LABA non-LABA ACM		
	Care Setting/PDX	N/A		
	Covariate Evaluation Window	(-183, -1) days		

Appendix E. Specifications Defining Parameters for this Request

		Cohorts 12-14		
		Recommendation 2 Poorly controlled LABA, canister sensitivity		
		Scenario 9	Scenario 6	Scenario 7
Baseline Covariates	**Covariates**	non-LABA ACM		
	Care Setting/PDX	N/A		
	Covariate Evaluation Window	(-365, -184) days		
Baseline Covariates	**Covariates**	SI-LABA FDC All LABA non-LABA ACM		
	Care Setting/PDX	N/A		
	Covariate Evaluation Window	(0, 0) days		
Utilization/ Comorbidity Score	**Comorbidity Score Evaluation Window**	(-365, 0) days		
	Medical Utilization Evaluation Window	(-365, 0) days		
	Medical Utilization Care setting	IP, IS, AV, OA, ED		
	Drug Utilization Evaluation Window	(-365, 0) days		

Appendix E. Specifications Defining Parameters for this Request

		Cohort 15		
		Recommendation 2 Poorly controlled LABA, canister sensitivity, SI-LABA in ACM presence (Measures 13, 14)		
		Scenario 9	**Scenario 6**	**Scenario 7**
ITS Analysis Groups	**Group Name**	**grp6_pcasthma_nocan**	**grp456_acm2**	**grp456_fdc2**
	ITS Group	**Primary**	**Secondary**	
	Rate Denominator Definition	Poorly controlled asthma patients	N/A	
	Rate Denominator	Number of eligible members	N/A	
	Rate Numerator Definition	N/A	**Incident LABA users concurrent with ACM use**	
	Rate Numerator	N/A	Number of adherent patients	
	Pre-Index Enrollment Requirement	365 days	0 days	365 days
Drug/Exposure	**Exposure**	All LABA products (SI or FDC)	Non-LABA SCM (ICS, leukotriene modifier, chromones, oral systemic corticosteroids, immunomodulators, and methylxanthines)	FDC LABA
	Care Setting	N/A	N/A	N/A
	Incident with Respect To	All LABA products (SI or FDC)		
	Washout	183 days	0 day	0 day
	Exposure Episode Truncation Criteria	*Death *DP end date *Query end date	*Death *DP end date *Query end date	*Death *DP end date *Query end date
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Cohort includes all valid exposure episodes during the query period (02)	Cohort includes all valid exposure episodes during the query period (02)
	Prevalent Cohort Creation?	Yes	N/A	N/A
	Exposure Episode Gap	25% previous days' supply	25% previous days' supply	25% previous days' supply
	Exposure Extension Period	0 days	0 days	0 days
	Minimum Episode Duration	1 day	1 day	1 day
	Minimum Days Supplied	1 day	1 day	1 day
	Intention-to-Treat Days	N/A	N/A	N/A

Appendix E. Specifications Defining Parameters for this Request

		Cohort 15		
		Recommendation 2 Poorly controlled LABA, canister sensitivity, SI-LABA in ACM presence (Measures 13, 14)		
		Scenario 9	**Scenario 6**	**Scenario 7**
Inclusion/Exclusion Criteria	**Conditions**	*COPD *Cystic fibrosis *Bronchiectasis *Pulmonary hypertension or embolism *Bronchopulmonary dysplasia *Congestive heart failure		*COPD *Cystic fibrosis *Bronchiectasis *Pulmonary hypertension or embolism *Bronchopulmonary dysplasia *Congestive heart failure
	Include or Exclude	Exclusion		Exclusion
	Care Setting/PDX	Any		Any
	Lookback Period	(-365, 0) days		(-365, 0) days
	Number of Code Occurrences	1 instance		1 instance
Inclusion/ Exclusion Criteria	**Conditions**	Asthma (493.xx)		
	Include or Exclude	Inclusion		
	Care Setting/PDX	IP*, ED*, AV*, OA*		
	Lookback Period	(-365, 0) days		
	Number of Code Occurrences	1 instance if (IP*, ED*) 2 instances if (AV*, OA*)		
Inclusion/ Exclusion Criteria	**Conditions**	Poorly controlled asthma (ICS or LM dispensing) (lookback period: days supply)		
	Include or Exclude	Inclusion		
	Care Setting/PDX	N/A		
	Lookback Period	(-90, -1) days		
	Number of Code Occurrences	1 instance		
		OR		
Inclusion /Exclusion Criteria	**Conditions**	Poorly controlled asthma (asthma (493.xx))		
	Include or Exclude	Inclusion		

Appendix E. Specifications Defining Parameters for this Request

		Cohort 15		
		Recommendation 2 Poorly controlled LABA, canister sensitivity, SI-LABA in ACM presence (Measures 13, 14)		
		Scenario 9	Scenario 6	Scenario 7
Inclusion/ Exclusion Criteria	**Care Setting/PDX**	IP*, ED*		
	Lookback Period	(-90, -1) days		
	Number of Code Occurrences	1 instance		
		OR		
Inclusion/ Exclusion Criteria	**Conditions**	Poorly controlled asthma (oral corticosteroids dispensing of 21 days' supply or smaller) (combo) (lookback period: days supply)		
	Include or Exclude	Inclusion		
	Care Setting/PDX	N/A		
	Lookback Period	(-90, -1) days		
	Number of Code Occurrences	2 instances		
Inclusion/ Exclusion Criteria	**Conditions**			
	Include or Exclude			
	Care Setting/PDX			
	Lookback Period			
	Number of Code Occurrences			
Stockpiling	**Same Day Dispensing (Days Supplied)**	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum
	Range of Allowable Days Supplied	N/A	N/A	N/A
	Range of Allowable Amount Supplied	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default
Multiple Events / Overlap	**Multiple Events or Overlap?**	Overlap		
	Group Identifier	Primary	Secondary	
	Observation Window Around Primary Episode	(Index date, index date)		
	Secondary Episode to Use for Time Metrics	N/A		

Appendix E. Specifications Defining Parameters for this Request

		Cohort 15		
		Recommendation 2 Poorly controlled LABA, canister sensitivity, SI-LABA in ACM presence (Measures 13, 14)		
		Scenario 9	Scenario 6	Scenario 7
Multiple Events / Overlap	Minimum Cutoff to be Considered Adherent	N/A		
	Categories for Overlap Metrics	N/A		
	Primary Episode Categories	N/A		
Adherence	Adherence Name	Incident LABA Users, SI-LABA in ACM presence (Sensitivity Analysis)		
	Minimum/Maximum Episode Length or Overlap Time (Overlap)	1 day minimum		
	Minimum/Maximum Secondary Episode Count (Multiple Events)	N/A		
	Minimum/Maximum Secondary Episode Gap (Multiple Events)	N/A		
	Minimum/Maximum Time to Secondary Episode Count (Multiple Events)	N/A		
Adherence	Adherence Name	N/A		
	Minimum/Maximum Episode Length or Overlap Time (Overlap)	N/A		
	Minimum/Maximum Secondary Episode Count (Multiple Events)	N/A		
	Minimum/Maximum Secondary Episode Gap (Multiple Events)	N/A		
	Minimum/Maximum Time to Secondary Episode Count (Multiple Events)	N/A		
ITS Analysis	Data Range Start, End	Full query period		
	Anticipatory Date 1 Start	February 2010		
	Intervention Date 1	June 2010		
	Anticipatory Date 2 Start	N/A		
	Intervention Date 2	N/A		

Appendix E. Specifications Defining Parameters for this Request

		Cohort 15		
		Recommendation 2 Poorly controlled LABA, canister sensitivity, SI-LABA in ACM presence (Measures 13, 14)		
		Scenario 9	Scenario 6	Scenario 7
ITS Analysis	Interval Length	Month		
	P-Value	0.05		
	Autoregression Lag	12 months		
	Autoregression Model Parameter Cutoff	0.2		
	Time Points at Which to Report Difference Metrics	January 2011 June 2011		
	Continuous Enrollment Required?	No		
Baseline Covariates	Covariates	SI-LABA		
	Care Setting/PDX	N/A		
	Covariate Evaluation Window	(-183, -1) days		
	Covariates	non-LABA ACM		
	Care Setting/PDX	N/A		
	Covariate Evaluation Window	(-365, -184) days		
	Covariates	SI-LABA		
	Care Setting/PDX	N/A		
	Covariate Evaluation Window	(0, 0) days		
Utilization/ Comorbidity Score	Comorbidity Score Evaluation Window	(-365, 0) days		
	Medical Utilization Evaluation Window	(-365, 0) days		
	Medical Utilization Care Setting	IP, IS, AV, OA, ED		
	Drug Utilization Evaluation Window	(-365, 0) days		