

SUPPLEMENTARY MATERIALS

Characterizing demographics, comorbidities, and costs of care among populations with Duchenne muscular dystrophy with Medicaid and commercial coverage

Alexa C Klimchak, MSc; Shelagh M Szabo, MSc; Christina Qian, MSc; Evan Popoff, MSc; Susan Iannaccone, MD; and Katherine L Gooch, PhD

Supplementary Table 1: ICD-9-CM, ICD-10-CM diagnostic codes, and CPT, HCPCS, ICD-10-PCS procedural codes for exclusion criteria

Supplementary Table 2: ICD-9-CM, ICD-10-CM diagnostic codes, and CPT, HCPCS, ICD-10-PCS procedural codes to identify comorbidities, key clinical outcomes

Supplementary Table 3: Sensitivity analyses cohort characteristics and resource use results, among the economic cohort (at least one year of follow-up)

Supplementary Table 4: Median (IQR) monthly resource use in the first year of follow-up in the commercial and Medicaid DMD and comparison cohorts with a minimum of one-year follow-up, stratified by baseline age

Supplementary Figure 1: Age distribution at baseline, among the commercial and Medicaid DMD cohorts

Supplementary Table 1: ICD-9-CM, ICD-10-CM diagnostic codes, and CPT, HCPCS, ICD-10-PCS procedural codes for exclusion criteria

Key clinical outcome	Code type	Codes
Assisted ventilation	ICD-9-CM	V46.11-V46.14 Procedure: 93.90, 96.70, 96.71, 96.72
	ICD-10-CM	Z99.11, Z99.12, J95.850
	ICD-10-PCS	5A09357, 5A09358, 5A09359, 5A0935B, 5A0935Z, 5A09457, 5A09458, 5A09459, 5A0945B, 5A0945Z, 5A09557, 5A09558, 5A09559, 5A0955B, 5A0955Z, 5A19054, 5A1935Z, 5A1945Z, 5A1955Z
	CPT	94002-94005, 94656, 94657, 99504, 94660, 94662
	HCPCS	A4611-A4613 (battery) E0463, E0464 (volume control or negative pressure, stationary or portable) E0465-E0466 (home, any type, used with non-invasive interface) E0470-E0471 (respiratory assist device)
Tracheostomy	ICD-9-CM	519.00, 519.01, 519.02, 519.09, V440, V550 Procedure: 31.1, 31.21, 31.29, 31.74, 31.72, 31.73, 97.37, 96.55, 97.23
	ICD-10-CM	Z93.0, Z43.0, J95.00, J95.01, J95.02, J95.03, J95.04, J95.09
	ICD-10-PCS	0B21XFZ, 0BP100Z, 0BP102Z, 0BP107Z, 0BP10CZ, 0BP10DZ, 0BP10FZ, 0BP10JZ, 0BP10KZ, 0BP1XFZ, 0B110F4, 0B110Z4, 0B113F4, 0B113Z4, 0B114F4, 0B114Z4
	CPT	31600, 31601, 31603, 31605, 31610, 31613, 31614, 31820, 31825, 31830
	HCPCS	A4623, A4625, A4626, A4629, A7501-A7509, A7520, A7521, A7522, A7523- A7527, E0450, E0463, E0465, E0472, L8501, S8189
Leg/ankle and foot/toe surgery (used for exclusion criteria only)	CPT	27870, 27871, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 27613, 27614, 27615, 27616, 27618, 27619, 27620, 27625, 27626, 27630, 27632, 27634, 27635, 27637, 27638, 27640, 27641, 27645, 27646, 27647, 27750, 27756, 27758, 27759, 27760, 27766, 27769, 27780, 27784, 27786, 27792, 27808, 27814, 27816, 27822, 27823, 27824, 27826, 27827, 27828, 27829, 27832, 27846, 27848, 27860, 27601, 27602, 27603, 27604, 27605, 27606, 27607, 27610, 27612, 27648, 27752, 27762, 27781, 27788, 27810, 27818, 27825, 27830, 27831, 27840, 27842, 29581, 27650, 27652, 27654, 27656, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27692, 27695, 27696, 27698, 27700, 27702, 27703, 27704, 27705, 27707, 27709, 27712, 27715, 27720, 27722, 27724, 27725, 27726, 27727, 27730, 27732, 27734, 27740, 27742, 27745, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29904, 29905, 29906, 29907, 28039, 28041, 28043, 28045, 28046, 28047, 28050, 28052, 28054, 28060, 28062, 28070, 28072, 28080, 28086, 28088, 28090, 28092, 28100, 28102, 28103, 28104, 28106, 28107, 28108, 28110, 28111, 28112, 28113, 28114, 28116, 28118, 28119, 28120, 28122, 28124, 28126, 28130, 28140, 28150, 28153, 28160, 28171, 28173, 28175, 28400, 28406, 28415, 28420, 28430, 28436, 28445, 28450, 28456, 28465, 28470, 28476, 28485, 28490, 28496, 28505, 28510, 28525, 28530, 28531, 28546, 28555, 28576, 28585, 28606, 28615, 28636, 28645, 28666, 28675, 28001, 28002, 28003, 28005, 28008, 28010, 28011, 28020, 28022, 28024, 28035, 28055, 28405, 28435, 28455, 28475, 28495, 28515, 28540, 28545, 28570, 28575, 28600, 28605, 28630, 28635, 28660, 28665, 20696, 20697, 28200, 28202, 28208, 28210, 28220, 28222, 28225, 28226, 28230, 28232, 28234, 28238, 28240, 28250, 28260, 28261, 28262, 28264, 28270, 28272, 28280, 28285, 28286, 28288, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299, 28300, 28302, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28312, 28313, 28315, 28320, 28322, 28340, 28341, 28344, 28345, 28360
Ankle foot orthosis	HCPCS	L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1971
	ICD-9-CM	V46.3, V53.8
Manual wheelchairs	ICD-10-CM	Z46.89, Z99.3
	ICD-10-PCS	F01ZFEZ, F01ZFFZ, F01ZFUZ, F01ZFZZ, F07Z4DZ, F07Z4EZ, F07Z4FZ, F07Z4UZ, F07Z4YZ, F07Z4ZZ, F0FZ6EZ, F0FZ6FZ, F0FZ6UZ, F0FZ6ZZ
	CPT	97542
	HCPCS	E1088, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, K0001-K0009, K0015, K0017- K0020, K0037-K0047, K0050-K0053, K0056, K0065, K0069-K0073, K0077, K0105, K0195, K0669, E1020, E1028- E1031, E1035-E1039, E1050, E1060, E1070, E1083-E1087, E1089, E1090, E1092, E1093, E1100, E1110, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220-E1229, E1231-E1238, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298, E0950, E0951, E0952, E0955- E0961, E0966-E0971, E0973, E0974, E0978, E0980-E0982, E0985, E0988, E0990, E0992, E0994, E0995, E1009, E1011, E1014, E1015, E1017, K0108, E2213, E2607, E2620, E2624
Power-assist wheelchair	HCPCS	E0986
Motorized wheelchairs	HCPCS	K0010-K0014, K0098, E0983, E0984, E1002-E1010, E1012, E1016, E1018, E1239, E2300, E2301, E2310-E2313, K0861, E2321-E2331, E2340-E2343, E2351, E2358-E2378, E2381-E2392, E2394-E2397, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890, K0891, K0898, K0899
Nusinersen	NDC	4406005801
	HCPCS	J2326

Abbreviations: CPT = Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-9-CM = International Classification of Diseases, Ninth Revision, Clinical Modification; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; ICD-10-PCS = International Classification of Disease, 10th revision, Procedure Classification System; NDC = National Drug Code

Supplementary Table 2: ICD-9-CM, ICD-10-CM diagnostic codes, and CPT, HCPCS, ICD-10-PCS procedural codes to identify comorbidities, key clinical outcomes

Key clinical outcome	Contributing diagnoses/ events	Code type	Codes
LOA	Manual wheelchairs	ICD-9-CM	V46.3, V53.8
		ICD-10-CM	Z46.9, Z99.3
		ICD-10-PCS	F01ZFEZ, F01ZFFZ, F01ZFUZ, F01ZFZZ, F07Z4DZ, F07Z4EZ, F07Z4FZ, F07Z4UZ, F07Z4YZ, F07Z4ZZ, F0FZ6EZ, F0FZ6FZ, F0FZ6UZ, F0FZ6ZZ
		CPT	97542
		HCPCS	E1088, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, K0001-K0009, K0015, K0017- K0020, K0037-K0047, K0050-K0053, K0056, K0065, K0069-K0073, K0077, K0105, K0195, K0669, E1020, E1028- E1031, E1035-E1039, E1050, E1060, E1070, E1083-E1087, E1089, E1090, E1092, E1093, E1100, E1110, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220-E1229, E1231-E1238, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298, E0950, E0951, E0952, E0955- E0961, E0966-E0971, E0973, E0974, E0978, E0980-E0982, E0985, E0988, E0990, E0992, E0994, E0995, E1009, E1011, E1014, E1015, E1017, K0108, E2213, E2607, E2620, E2624
		HCPCS	E0986
		HCPCS	E1230, K0800, K0801, K0802, K0806, K0807, K0808, K0812
		HCPCS	K0010-K0014, K0098, E0983, E0984, E1002-E1010, E1012, E1016, E1018, E1239, E2300, E2301, E2310-E2313, K0861, E2321-E2331, E2340-E2343, E2351, E2358-E2378, E2381-E2392, E2394-E2397, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890, K0891, K0898, K0899
		ICD-9-CM	518.8, 518.8, 518.8
		ICD-10-CM	J96
HCPCS	A7034, A7035, A7037, A7038		
ICD-9-CM	519.0, 519.0, 519.0, 519.1, V440, V550		
Respiratory insufficiency	Respiratory failure	ICD-9-CM	518.8, 518.8, 518.8
		ICD-10-CM	J96
		HCPCS	A7034, A7035, A7037, A7038
		ICD-9-CM	519.0, 519.0, 519.0, 519.1, V440, V550
		ICD-10-CM	Procedure: 31.1, 31.21, 31.3, 31.74, 31.7, 31.7, 97.4, 96.6, 97.2
		ICD-10-PCS	Z93.0, Z43.0, J95.0, J95.0, J95.0, J95.0, J95.0, J95.1
		ICD-10-PCS	0B21XFZ, 0BP100Z, 0BP102Z, 0BP107Z, 0BP10CZ, 0BP10DZ, 0BP10FZ, 0BP10JZ, 0BP10KZ, 0BP1XFZ, 0B110F4, 0B110Z4, 0B113F4, 0B113Z4, 0B114F4, 0B114Z4
		CPT	31600, 31601, 31603, 31605, 31610, 31613, 31614, 31820, 31825, 31830
		HCPCS	A4623, A4625, A4626, A4629, A7501-A7509, A7520, A7521, A7522, A7523-A7527, E0450, E0463, E0465, E0472, L8501, S8189
		ICD-9-CM	V46.11-V46.1; Procedure: 93.9, 96.7, 96.7, 96.7
Respiratory insufficiency	Pulmonary management Tracheostomy*	ICD-10-CM	Z99.11, Z99.12, J95.90
		ICD-10-PCS	5A09357, 5A09358, 5A09359, 5A0935B, 5A0935Z, 5A09457, 5A09458, 5A09459, 5A0945B, 5A0945Z, 5A09557, 5A09558, 5A09559, 5A0955B, 5A0955Z, 5A19054, 5A1935Z, 5A1945Z, 5A1955Z
		CPT	94002-94005, 94656, 94657, 99504, 94660, 94662
		HCPCS	A4611-A4613 (battery)
		HCPCS	E0463, E0464 (volume control or negative pressure, stationary or portable)
		HCPCS	E0465-E0466 (home, any type, used with non-invasive interface)
		HCPCS	E0470-E0471 (respiratory assist device)
		ICD-9-CM	425.x
		ICD-10-CM	I42.x
		NDC	ACE inhibitors, ARBs, beta blockers, diuretics (spironolactone or eplerenone)
Cardiomyopathy	Cardiomyopathy	ICD-9-CM	425.x
		ICD-10-CM	I42.x
		ICD-9-CM	428.x
		ICD-10-CM	I50
Lung infections	Heart failure	ICD-9-CM	460-466, 480-487
		ICD-10-CM	J00-06, J12-18, J20-22
		ICD-9-CM	300.0, 300.3
Neurologic/ neuropsychiatric comorbidity	Anxiety, dissociative or somatoform disorders (incl. anxiety or OCD)	ICD-9-CM	300.0, 300.3
		ICD-10-CM	F41, F42
		ICD-9-CM	314.0x
		ICD-10-CM	F90
		ICD-9-CM	299
Neurologic/ neuropsychiatric comorbidity	Hyperkinetic syndrome of childhood (incl. ADHD)	ICD-10-CM	F90
		ICD-9-CM	299
Neurologic/ neuropsychiatric comorbidity	Pervasive development disorder	ICD-9-CM	299
		ICD-10-CM	F84

Key clinical outcome	Contributing diagnoses/ events	Code type	Codes
Non-neurologic/ neuropsychiatric comorbidity	Depression/ depressive disorder	ICD-9-CM	296.2, 296.3, 311.x
	Epilepsy	ICD-10-CM	F32, F33
		ICD-9-CM	345
	Respiratory infectious disease	ICD-10-CM	G40
		ICD-9-CM	46x, 48x
	Asthma	ICD-10-CM	J0x, J1x, J2x
		ICD-9-CM	493
	Fracture and osteoporosis	ICD-10-CM	J45
		ICD-9-CM	733.0, 733.1, 733.9-733.98, 800-829, E887
		ICD-10-CM NDC	M80, M81, M84.4, M84.3, S02, S12, S22, S32, S42, S52, S62, S72, S82, S92 NDCs for bisphosphonates
	Diabetes mellitus	ICD-9-CM	250.x0, 250.x2
		ICD-10-CM	E11.x
	Cataract	ICD-9-CM	366.x
	Cystic fibrosis	ICD-10-CM	H26.x, H28
ICD-9-CM		277.0x	
	ICD-10-CM	E84.x	

Abbreviations: CPT = Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-9-CM = International Classification of Diseases, Ninth Revision, Clinical Modification; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; ICD-10-PCS = International Classification of Disease, 10th revision, Procedure Classification System; LOA=loss of ambulation; NDC = National Drug Code

Supplementary Table 3: Sensitivity analyses cohort characteristics and resource use results, among the economic cohort (at least one year of follow-up)

	DMD primary economic cohort (n=1,420)	Commercial DMD definition exploratory cohorts		DMD primary economic cohort (n=1,722)	Medicaid DMD definition exploratory cohorts	
		≥1 specialist diagnoses (n=1,280)	Excluding myoneural disorder and similar diseases (n=1,339)		≥1 specialist diagnoses (n=808)	Excluding myoneural disorder and similar diseases (n=1,618)
Years of follow-up per person, median (IQR)	2.7 (1.7 to 4.0)	2.7 (1.7 to 4.1)	2.6 (1.7 to 4.0)	3.6 (2.1 to 4.7)	3.5 (1.9 to 4.9)	3.5 (2.1 to 4.7)
Age at index date, median (IQR)	15.0 (9.0 to 21.0)	15.0 (9.0 to 20.0)	15.0 (9.0 to 21.0)	14.0 (9.0 to 20.0)	14.0 (9.0 to 18.0)	14.0 (9.0 to 20.0)
Elixhauser (unweighted), median (IQR)	2.0 (1.0 to 3.0)	2.0 (1.0 to 4.0)	2.0 (1.0 to 3.0)	2.0 (1.0 to 4.0)	2.0 (1.0 to 4.0)	2.0 (1.0 to 4.0)
Number of distinct medications dispensed, median (IQR)	2.4 (1.5 to 4.4)	2.4 (1.5 to 4.4)	2.3 (1.4 to 4.3)	3.5 (1.9 to 6.6)	3.3 (1.8 to 6.0)	3.3 (1.8 to 6.4)
Hospitalizations						
Number (%) of patients with any hospitalization	368 (25.9)	329 (25.7)	326 (24.3)	535 (31.1)	251 (31.1)	493 (30.5)
Number of hospitalizations among those > 1 hospitalization, median (IQR)	0.0 (0.0 to 0.1)	0.0 (0.0 to 0.1)	0.0 (0.0 to 0.1)	0.0 (0.0 to 0.1)	0.0 (0.0 to 0.1)	0.0 (0.0 to 0.1)
Length of stay (days), median (IQR)	4.0 (2.0 to 7.0)	4.0 (2.0 to 7.3)	4.0 (2.0 to 7.0)	4.3 (2.0 to 8.2)	4.3 (2.5 to 9.0)	4.0 (2.0 to 8.0)
ER visits						
Number (%) of patients with any ER	679 (47.8)	612 (47.8)	612 (47.8)	1,113 (64.6)	510 (63.1)	1,043 (64.5)
Number of ER visits amongst those with ≥ 1 ER visit, median (IQR)	0.1 (0.0 to 0.1)	0.1 (0.0 to 0.1)	0.1 (0.0 to 0.1)	0.1 (0.0 to 0.1)	0.1 (0.0 to 0.1)	0.1 (0.0 to 0.1)
Outpatient visits						
Number of outpatient visits, median (IQR)	1.4 (0.7 to 3.1)	1.4 (0.7 to 3.0)	1.4 (0.7 to 3.0)	3.8 (1.3 to 13.9)	3.4 (1.2 to 12.3)	3.5 (1.2 to 13.3)
Number of patients (%) with >1 GP visit	916 (64.5%)	820 (64.1%)	856 (63.9%)	1,179 (68.5%)	501 (62.0%)	1,108 (68.5%)
Number of GP visits, median (IQR)	0.1 (0.0 to 0.2)	0.0 (0.0 to 0.2)	0.1 (0.0 to 0.2)	0.1 (0.0 to 0.4)	0.1 (0.0 to 0.3)	0.1 (0.0 to 0.4)
Number of patients (%) with >1 specialist visit	1,378 (97.0%)	1,280 (100.0%)	1,299 (97.0%)	1,293 (75.1%)	800 (99.0%)	1,204 (74.4%)
Number of specialist visits, median (IQR)	0.5 (0.3 to 0.9)	0.5 (0.3 to 0.9)	0.5 (0.3 to 0.9)	0.2 (0.0 to 0.5)	0.4 (0.2 to 0.7)	0.2 (0.0 to 0.5)
Total costs						
Monthly cost per person (\$), median (IQR)	1,883.3 (656.8 to 6,795.9)	1,902.6 (669.8 to 6,795.9)	1,822.7 (622.1 to 6,569.4)	1,734.9 (367.3 to 5,281.0)	1,969.4 (656.6 to 5,298.1)	1,665.4 (354.8 to 5,010.6)

Abbreviations: GP = general practitioner; IQR = interquartile range
Data reported as median (IQR), unless otherwise stated

Supplementary Table 4: Median (IQR) monthly resource use in the first year of follow-up in the commercial and Medicaid DMD and comparison cohorts with a minimum of one-year follow-up, stratified by baseline age

	Commercial							Medicaid						
	All patients n=1,420	Baseline age (years)						All patients n=1,722	Baseline age (years)					
		0 to 3 n=59	4 to 7 n=184	8 to 13 n=378	14 to 17 n=259	18 to 25 n=399	26+ n=141		0 to 3 n=91	4 to 7 n=235	8 to 13 n=468	14 to 17 n=326	18 to 25 n=458	26+ n=144
Medications														
Number of distinct medications dispensed*	1.5 (1.0 to 2.4)	1.0 (1.0 to 1.7)	1.3 (1.0 to 1.8)	1.4 (1.0 to 2.0)	1.7 (1.0 to 2.8)	1.9 (1.0 to 2.8)	2.0 (1.0 to 3.4)	2.0 (1.1 to 3.1)	1.5 (1.0 to 2.0)	1.6 (1.0 to 2.0)	1.9 (1.0 to 2.9)	2.3 (1.3 to 3.8)	2.2 (1.2 to 3.7)	2.6 (1.3 to 4.0)
Inpatient visits														
Number of people with any hospitalization, n(%)	186 (13.1%)	3 (5.1%)	15 (8.2%)	36 (9.5%)	43 (16.6%)	63 (15.8%)	26 (18.4%)	239 (13.9%)	15 (16.5%)	22 (9.4%)	48 (10.3%)	52 (16.0%)	74 (16.2%)	28 (19.4%)
Number of hospitalizations among those with at least 1 admission	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.2 (0.1 to 0.2)
Length of stay per hospitalization	3.5 (2.0 to 6.5)	1.0 (1.0 to 5.5)	3.0 (1.0 to 4.0)	3.0 (1.5 to 6.0)	6.0 (3.0 to 8.0)	4.0 (2.0 to 7.0)	3.0 (1.7 to 4.5)	3.5 (2.0 to 7.0)	2.0 (2.0 to 3.3)	2.0 (1.0 to 5.0)	3.0 (2.0 to 4.5)	4.3 (2.0 to 9.0)	4.0 (3.0 to 8.0)	4.3 (2.5 to 9.0)
ER visits														
Number of people with any ER, n(%)	377 (26.5%)	16 (27.1%)	45 (24.5%)	89 (23.5%)	62 (23.9%)	125 (31.3%)	40 (28.4%)	653 (37.9%)	56 (61.5%)	104 (44.3%)	163 (34.8%)	109 (33.4%)	161 (35.2%)	60 (41.7%)
Number of ER visits among those with at least 1 visit	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.3)	0.2 (0.1 to 0.3)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.2)	0.1 (0.1 to 0.3)	0.2 (0.1 to 0.3)
Outpatient visits														
Number of outpatient visits	1.0 (0.0 to 3.0)	1.0 (0.0 to 3.0)	1.0 (0.0 to 3.0)	1.0 (0.0 to 2.0)	1.0 (0.0 to 3.0)	1.0 (0.0 to 3.0)	1.0 (0.0 to 4.0)	3.0 (1.0 to 10.0)	2.0 (1.0 to 4.0)	3.0 (1.0 to 6.0)	3.0 (1.0 to 6.0)	3.0 (1.0 to 11.0)	5.0 (0.0 to 19.0)	5.0 (1.0 to 22.0)
Patients who have at least one GP visit during the study, n(%)	664 (46.8%)	20 (33.9%)	59 (32.1%)	166 (43.9%)	116 (44.8%)	221 (55.4%)	82 (58.2%)	1023 (59.4%)	51 (56.0%)	146 (62.1%)	254 (54.3%)	177 (54.3%)	295 (64.4%)	100 (69.4%)
Number of GP visits among those with at least 1 visit	0.2 (0.1 to 0.4)	0.2 (0.1 to 0.3)	0.2 (0.1 to 0.3)	0.2 (0.1 to 0.4)	0.2 (0.1 to 0.4)	0.2 (0.1 to 0.3)	0.2 (0.1 to 0.3)	0.4 (0.2 to 0.8)	0.7 (0.4 to 1.3)	0.5 (0.3 to 0.8)	0.4 (0.2 to 0.8)	0.4 (0.3 to 0.8)	0.3 (0.2 to 0.6)	0.3 (0.2 to 0.7)
Patients who have at least one specialist visit during the study, n(%)	1349 (95.0%)	58 (98.3%)	180 (97.8%)	359 (95.0%)	251 (96.9%)	375 (94.0%)	126 (89.4%)	1044 (60.6%)	51 (56.0%)	164 (69.8%)	331 (70.7%)	206 (63.2%)	225 (49.1%)	67 (46.5%)
Number of specialist visits among those with ≥ 1 specialist visit	0.6 (0.3 to 0.9)	0.6 (0.4 to 1.0)	0.7 (0.4 to 1.1)	0.6 (0.3 to 0.9)	0.6 (0.3 to 1.0)	0.5 (0.3 to 0.8)	0.6 (0.3 to 1.0)	0.4 (0.2 to 0.8)	0.6 (0.2 to 1.0)	0.3 (0.2 to 0.8)	0.4 (0.2 to 0.8)	0.4 (0.2 to 0.8)	0.3 (0.2 to 0.7)	0.3 (0.2 to 0.8)

Abbreviations: GP = general practitioner; IQR = interquartile range
Data reported as median (IQR), unless otherwise state

Supplementary Figure 1: Age distribution at baseline, among the commercial and Medicaid DMD cohorts

