

Supplementary appendix 1 Eligibility criteria for E2 medicines[#]

E2 medicines	Indication	Diagnosis (ICD-10)	Clinical criteria/Laboratory test results	Prior treatment requirement
Botulinum A toxin	Cervical dystonia	G24.3		<ul style="list-style-type: none"> ○ Clonazepam ⇨ Clonamil , Rivotril, Povamil ○ Amitriptyline ⇨ Triptyline ○ Fulnarizine ⇨ Fludan, Liberal ○ Carbamazepine ⇨ Tegretol ○ Baclofen ⇨ Liobac
Botulinum A toxin	Hemifacial spasm	G51.3		<ul style="list-style-type: none"> ○ Clonazepam ⇨ Clonamil , Rivotril, Povamil ○ Amitriptyline ⇨ Triptyline ○ Fulnarizine ⇨ Fludan, Liberal ○ Carbamazepine ⇨ Tegretol ○ Baclofen ⇨ Liobac
Leuprorelin acetate	Central precocious puberty	E22.8 <ul style="list-style-type: none"> ● Girl aged ≤ 8 yr ● Boy aged ≤ 9 yr 	○ Basal LH > 0.3 – 0.5 IU/L or peak LH after stimulation with GnRH	
Verteporfin	Age-related Macular Degeneration (AMD)	H35.3	○ Wet AMD ==> no vitamin and receiving laser surgery [ICD-9 CM: 11.3x, 11.4x]	
Liposomal amphotericin B	Invasive fungal infection	<ul style="list-style-type: none"> ○ B37.x ○ B38.x ○ B39.x ○ B40.x ○ B41.x ○ B42.x ○ B44.x 	<ul style="list-style-type: none"> ○ Serum creatinine > 2 times baseline after receiving conventional amphotericin B ○ Serum creatinine > 3.0 mg/dL 	<ul style="list-style-type: none"> ○ Aspergillosis: Amphotericin B /Voriconazole ==> Itraconazole/Caspofungin ○ Candidiasis: Amphotericin B ==> IV Fluconazole ==> Caspofungin ○ Histoplasmosis: Amphotericin B
IVIG	Acute phase of Kawasaki disease (KW)	M30.3	<ul style="list-style-type: none"> ○ Fever persisting at least 5 days and 4 of 5 following criteria ▪ Changes in extremities acute: Erythema of palms, soles; edema of hands, feet ▪ Polymorphous exanthema ▪ Bilateral bulbar conjunctiva injection without exudate ▪ Changes in lips and oral cavity: Erythema, lips cracking, strawberry tongue ▪ Cervical lymphadenopathy (> 1.5-cm diameter) 	
IVIG	Idiopathic Thrombocytopenic Purpura (ITP)	D69.3 <ul style="list-style-type: none"> ○ Intracranial: I60.x , I61.x, I62.x, P52.0 ○ Gastro-intestinal: 	○ Platelet count ≤ 20000 /mm ³	

E2 medicines	Indication	Diagnosis (ICD-10)	Clinical criteria/Laboratory test results	Prior treatment requirement
		K92.0, K92.2, K66.1, P54.2, P54.3, ○ Pulmonary: J94.2, R04.8, P26.x, Other: P52.x, P54.0, P54.8, P54.9		
IVIG	Autoimmune Hemolytic Anemia (AIHA)	D59.1	<ul style="list-style-type: none"> ○ Direct Coombs' test positive ○ Reticulocyte count increased ○ Indirect bilirubin increased 	○ Corticosteroid
IVIG	Hemophagocytic Lymphohistocytosis (HLH)	D67.1	<ul style="list-style-type: none"> ○ Cytopenias (affecting at least 2 of 3 lineages in the peripheral blood) • Hemoglobin < 9 g/dL (in infants < 4 weeks: hemoglobin < 10 g/dL) • Platelets < 100 x 10³/mL • Neutrophils < 1 x10³/mL 	
IVIG	Guillain-Barré syndrome (GBS)	G61.0	<ul style="list-style-type: none"> ○ Respiratory failure or severe weakness with the following clinical presentation: ○ Weakness both legs and arms ○ Symmetry weakness ○ Progressive weakness within 4 weeks ○ Autonomic dysfunction ○ Facial diplegia 	
IVIG	Myasthenia gravis, crisis (MG)	G70.0	<ul style="list-style-type: none"> ○ Respiratory failure ICD-10: J96.x with these following clinical presentation ○ Ptosis ○ Facial palsy ○ Oculomotor disturbance ○ Proximal muscle weakness ○ Unidentified precipitating causes 	<ul style="list-style-type: none"> ○ Mestinon ○ Azathioprine ○ Cyclophosphamide
IVIG	Pemphigus vulgaris (PV)	L10.0	<ul style="list-style-type: none"> ○ Involvement > 30% of body surface area 	<ul style="list-style-type: none"> ○ Steroid (prednisolone) ○ Steroid (prednisolone) + oral immunosuppressant ○ IV steroid + pulse therapy
IVIG	Primary Immune Deficiency disease (PID)	D80.x, D81.x, D82.x, D83.x, D84.x, D86.x, D89.x		

IV: Intravenous; LH: Luteinizing hormone; GnRH: Gonadotropin-releasing hormone; IVIG: human immunoglobulin G

#The criteria were developed based on E2 program eligibility criteria for the medicines and confirmed with specialty clinical practice.