**SUPPLEMENTARY MATERIAL**

The data used for this analysis were supplied by Symphony Health, a PRA Health Sciences company.   The data include medical claims and pharmacy claims data for 221,138,729 patients in the United States for the five-year, eight-month period from 1 May 2012 through 31 December 2017.  These data are de-identified at the patient level.  Patients are represented in the data with an ID number that is consistent between all data tables.  Medications are identified using the National Drug Code (NDC) identifier.  Diagnosis and procedures are specified using a range of coding systems including: International Statistical Classification of Diseases and Related Health Problems, revisions 9 (ICD-9) and 10 (ICD-10), Current Procedural Terminology (CPT), and Healthcare Common Procedure Coding System (HCPCS).  The patients included in these data were selected based on having one or more diagnosis or procedure codes related to cardiovascular health over the last five years.  Once a patient was included, all the medical claims data (diagnosis and procedure data) for the patients was included in the data set regardless of whether those medical claims data were related to cardiovascular health.  For these patients, only the pharmacy claims related to cardiovascular health were included.

The medical codes used in this research are provided in a Microsoft Excel spreadsheet.  The spreadsheet rows are sorted first, in column A, by "Major Category" (Cardiac Events, Comorbidities, and Medications).  The second level of sorting, in column B, is by "Event, Condition or Therapy" (24 different values).  The third level of sorting, in column C, is by "Code System" (ICD-9 Diagnosis, ICD-10 Diagnosis, etc.).  The forth level of sorting, in Column D, is by "Code".  Column E provides the definition of the code.

Some codes are used for both a Cardiac Event and ASCVD (a comorbidity).  For example, a code indicating a Myocardial Infarction may be listed as both ASCVD and Myocardial Infarction.

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We include below the distribution of propensity scores before and after matching:

*PD vs. RJ propensity scores distributions*

| | Pre-propensity | | Post-propensity | |
|---|---|---|---|---|
| Quantile | RJ | PD | RJ | PD |
| 100% Max | 0.770863606 | 0.8069504 | 0.7557949 | 0.7585448 |
| 99% | 0.513926680 | 0.5984462 | 0.5692700 | 0.5687874 |
| 95% | 0.425275121 | 0.4912980 | 0.4766563 | 0.4797949 |
| 90% | 0.382337739 | 0.4403950 | 0.4344781 | 0.4344548 |
| 75% Q3 | 0.317255011 | 0.3657633 | 0.3630656 | 0.3630926 |
| 50% Median | 0.255588240 | 0.2966430 | 0.2953483 | 0.2953538 |
| 25% Q1 | 0.203301786 | 0.2371077 | 0.2368390 | 0.2368446 |
| 10% | 0.163879116 | 0.1926372 | 0.1934031 | 0.1934206 |
| 5% | 0.144491306 | 0.1700263 | 0.1711970 | 0.1711955 |
| 1% | 0.114151950 | 0.1335821 | 0.1331490 | 0.1331468 |
| 0% Min | 0.000206394 | 0.0746476 | 0.0705064 | 0.0707384 |

*PD vs. AB propensity scores distributions*

| | Pre-propensity | | Post-propensity | |
|---|---|---|---|---|
| Quantile | AB | PD | AB | PD |
| 100% Max | 0.961263 | 0.978466 | 0.961263 | 0.961286 |
| 99% | 0.867588 | 0.919521 | 0.869118 | 0.869059 |

| | | | | |
|---|---|---|---|---|
| 95% | 0.787933 | 0.862788 | 0.791921 | 0.791879 |
| 90% | 0.736394 | 0.825051 | 0.742010 | 0.741987 |
| 75% Q3 | 0.649104 | 0.746455 | 0.656688 | 0.656657 |
| 50% Median | 0.555115 | 0.645892 | 0.565684 | 0.565570 |
| 25% Q1 | 0.470614 | 0.543272 | 0.486842 | 0.491553 |
| 10% | 0.402232 | 0.460792 | 0.428723 | 0.428812 |
| 5% | 0.368920 | 0.420447 | 0.395578 | 0.395599 |
| 1% | 0.310039 | 0.352703 | 0.335074 | 0.335144 |
| 0% Min | 0.104940 | 0.202972 | 0.213177 | 0.202972 |