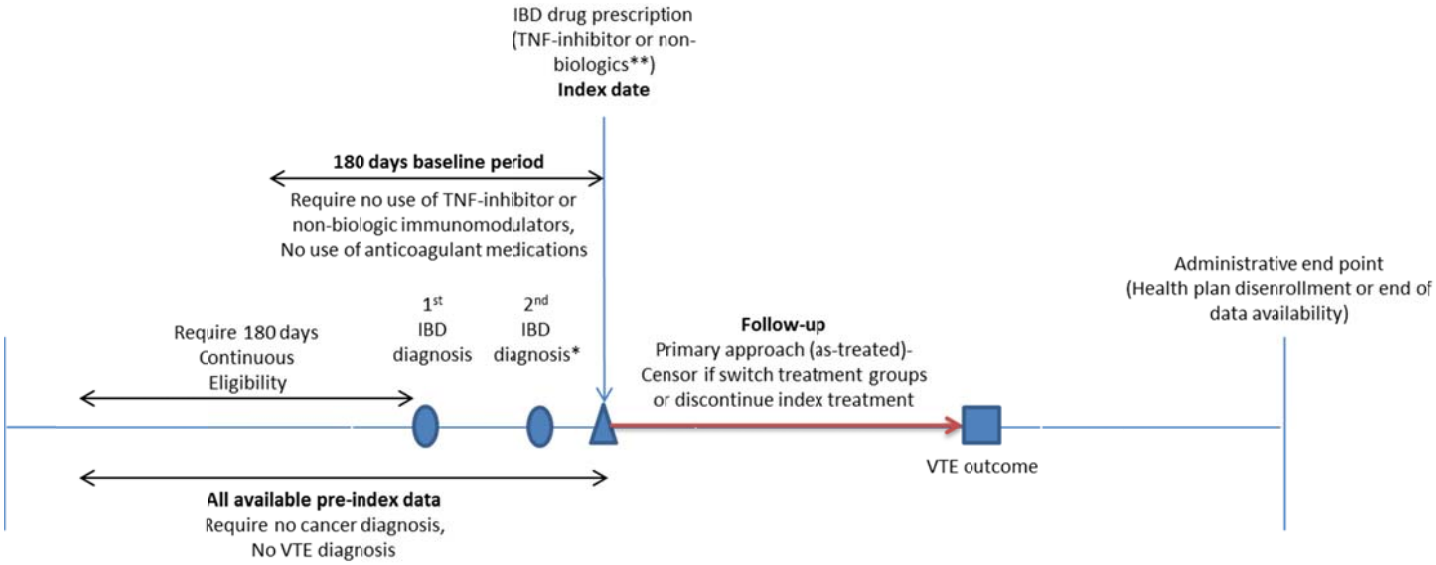
Appendix 1 (as supplied by the authors): Study design and counts of individual agents included in each group



* Second IBD diagnosis only required when the first diagnosis is outpatient. Patients only included when both outpatient diagnosis codes were for either Crohn's (555.xx) or colitis (556.xx)

** Required to fill a prescription within 365 days of the first IBD diagnosis. The included agents in each group and their counts are summarized below. Patients were not included if they start an agent from both groups on the index date (eg infliximab and azathioprine) and the follow-up time was censored when they add an agent from the different exposure group during follow-up (eg if a patient starts infliximab on the index date and fills an azathioprine prescription after 3 months of follow-up, s/he only contributed 3 months in the primary analysis) to prevent mixing of exposure effects on the risk of VTE.

Appendix to: Desai RJ, Gagne JJ, Lii J, et al. Comparative risk of incident venous thromboembolism in patients with inflammatory bowel disease initiating tumour necrosis factor-α inhibitors or nonbiologic agents: a cohort study. *CMAJ* 2017. doi: 10.1503/cmaj.161485.

	Total count	Agent as a % of the respective group	Counts by dataset		
			Medicaid	**Medicare**	**Optum Clinformatics**
TNF-inhibitor group	5173		1439	1480	2254
Adalimumab	1812	35%	335	780	697
Certolizumab	438	8%	57	92	289
Golimumab	10	0%	0	4	6
Infliximab	2913	56%	1047	604	1262
Non-biologic group	16514†		5053	5166	6295
Azathioprine	8439	51%	2746	2250	3443
Cyclosporine	1142	7%	83	841	218
Mercaptopurine	5844	35%	1994	1457	2393
Methotrexate	1089	7%	230	618	241

† The total number of patients in the non-biologic group is somewhat higher than reported in eFigure 1 because 16 patients started 2 non-biologic agents on the index date.