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## APPENDIX S1

### ALGORITHM FOR DEFINING PATIENTS WITH ATOPIC DERMATITIS (AD)

Patients were considered to have AD if they met at least one requirement for either criteria 1 or 2:

- *Criterion 1—based on disease-specific diagnoses:*
  - ≥ 1 (ICD-10) L20 “Atopic dermatitis”
  - ≥ 1 (ICPC-2) S87 “Dermatitis/atopic dermatitis”
- *Criterion 2—based on disease-specific medication (ATC-codes):*
  - ≥ 1 dispensed prescription for D11AH “Agents for dermatitis, excluding corticosteroids” (tacrolimus or pimecrolimus) without any of the following prescription exclusion criteria <sup>a)</sup>
    - ≥ 2 dispensed prescriptions for D07 “Corticosteroids, dermatological preparations” for topical use (min. 14 days apart) within 12 months without any of the following prescription exclusion criteria.

#### *Prescription exclusion criteria:*

Patients WITHOUT a diagnosis of (ICD-10) L20 “Atopic dermatitis” or (ICPC-2) S87 “Dermatitis/atopic dermatitis”: Dispensed prescriptions with diagnoses:

- ICD-10: L21 “Seborrheic dermatitis”, L22 “Diaper dermatitis”, L23 “Allergic contact dermatitis”, L24 “Irritant contact dermatitis”, L25 “Unspecified contact dermatitis”, L26 “Exfoliative dermatitis”, L27 “Dermatitis due to substances taken internally”, L28 “Lichen simplex chronicus and prurigo”, L40–L45 “Papulosquamous disorders”, L53 “Other erythematous conditions”, L55 “Sunburn”, L56 “Other acute skin changes due to ultraviolet radiation”, L80 “Vitiligo”, L90 “Atrophic disorders of the skin”, L93 “Lupus erythematosus”.
- ICPC-2: S86 “Dermatitis seborrheic”, S88 “Dermatitis contact/allergic”, S89 “Diaper rash”, S80 “Solar keratosis/sunburn”, S82 “Exfoliative dermatitis”, S08 “Skin color change”, S91 “Psoriasis”, S99 “Skin disease, other”.

### *Non-AD criteria (exclusion criteria)*

Patients with co-occurring medical skin diagnoses (that might lead to identical treatment) or with co-occurring disease-specific medication (primarily prescribed for other diseases) were NOT considered to have AD and were excluded by the following non-AD Criteria:

- *Co-occurring skin diagnoses (based on ICD-10 or ICPC-2):*

≥ 1 diagnosis of either:

- ICD-10: L40–L45 “Papulosquamous disorders”, L80 “Vitiligo”, L90 “Atrophic disorders of the skin”, L93 “Lupus erythematosus”

- ICPC-2: S91 “Psoriasis”

- *Co-occurring disease-specific medication (based on ATC):*

≥ 1 dispensed prescription for either:

- D05 “Antipsoriatics”, D02AF “Salicylates acid preparations”, D07AD “Corticosteroids, very potent (group IV)” including clobetasol <sup>b)</sup>

Note:

a) Calcineurin inhibitor ointment (0.03%) is indicated for adults, adolescents, and patients from the age of 2 years and is prescribed for moderate-to-severe AD (S1)

b) Prescriptions of corticosteroid group IV (without being diagnosed with AD) because AD is not treated singly with group IV.

### References

(S1). Felleskatalogen. 2017; Volume: Available from <https://www.felleskatalogen.no/medisin/protopic-leo-563076>