## **Supplementary**

## **Appendix 1**

Potential confounders used in estimating PS.

We considered sociodemographic and clinical factors as potential confounders. We included sex, age (in years), age square and health insurance type at cohort entry for sociodemographic factors. Clinical factors consisted of 20 comorbidities [arrhythmia, asthma, atrial fibrillation, autoimmune disease, chronic lung disease, coronary artery disease, dementia, diabetes mellitus, heart failure, hyperlipidemia, hypertension, immunosuppression (immunosuppression includes HIV, history of organ transplant, transplant rejection, noninfectious enteritis and colitis, ulcerative colitis, and Crohn's disease), kidney disease, liver disease, other cerebrovascular diseases, peripheral vascular disease, pneumonia including tuberculosis, psychiatric disorders, stroke or TIA, thromboembolism] and 12 co-medications uses (acetaminophen, antibacterials, anticoagulants, antidementia, antidepressants, antidiabetics, antiplatelets, antipsychotics, antivirals, anxiolytics, lipid lowering agents including statin, NSAIDs). The working definitions of the clinical factors are described in Table S1; we defined comorbidity variables using in-hospital ICD-10 diagnostic codes, with an index period from 3 years prior (-1,080 d) through the start of the evaluation of exposure (-120 d). When defining malignancy, we additionally employed the expanded benefit coverage codes to minimize false-positive classification. For co-medication use, we used in/out-hospital ATC codes with an index period from -240 to -120 d. To minimize false-positive classification, we used expanded benefit codes in addition to diagnosis codes when defining malignancy.

Table S1 Diagnosis codes based on the Korean Standard Classification of Diseases, 7th Revision or International Classification of Disease, 10th

Revision codes, National Procedure codes, and drug codes ba	assification of Diseases, 7th Revision or International Classification of Disease, 10th ased on World Health Organization-Anatomical Therapeutic Chemical classification
codes  Diagnoses	Codes
Inclusion criteria	
COVID-19 (KCD-7)	B342, B972, Z208, Z290, U18, U181, Z038, Z115, U071, U072
Confirmed (database-specific code)	'Y'
Study endpoints	
All-cause death (database-specific code)	Υ'
ICU admission (NPC)	AH110, AH190-192, AH194, AH195, AH210, AH29-299, AH390-AH396, AH398, AH399, AH501, AJ001, AJ003-011, AJ020, AJ021, AJ031, AJ043-046, AJ100, AJ102, AJ110, AJ112, AJ120, AJ122, AJ130, AJ132, AJ140, AJ142, AJ143, AJ150, AJ152 AJ160, AJ180, AJ190, AJ200, AJ202, AJ210, AJ212, AJ220, AJ222, AJ230, AJ240, AJ242, AJ250, AJ252, AJ260, AJ280, AJ290, AJ300, AJ302, AJ310, AJ312, AJ320, AJ322, AJ330, AJ332, AJ340, AJ342,
	AJ350, AJ352, AJ360, AJ380, AJ390, AJ500, AJ510, AJ520, AJ530, AJ540, AJ550, AJ560, AJ580, AJ590
Mechanical ventilation use (NPC)	M0850, M0857, M0858, M0860, M5830, M5850-5858, M5860, MM360,
Comorbidities (ICD-10)	MM400
Arrhythmia	I44, I45, I47 (or Anti-arrhythmias drug uses ATC code 'C01B')
Asthma	J45, J46
Atrial fibrillation	148
Autoimmune disease	
Autoimmune thyroiditis, polyglandular failure, hepatitis	E063, E31, K754
Glomerular disease	N00-N08
Idiopathic thrombocytopenic purpura, autoimmune hemolytic anemia	D693, D59
Intestinal malabsorption, celiac disease	K90
Lupus	L93, M32
Multiple sclerosis, myasthenia gravis	G35, G700
Noninfectious enteritis and colitis, ulcerative colitis, Crohn's disease	K50-K52, R652, R653
Other interstitial pulmonary disease	J84
Psoriasis	L40, L41, M07, M09
Psoriatic arthritis, juvenile rheumatoid arthritis, ankylosis spondylitis	M07, M08, M45
Sarcoidosis	D86, G532, M633 (and Immunosuppressants drug uses ATC codes 'L04A',
	'H02', 'P01BA')
Transplanted status, rejection	Z97, T86
Vasculitis	M05
Chronic lung disease  Bronchiectasis	J47
Chronic obstructive pulmonary disease	J40, J41, J43, J44, E11
Interstitial pulmonary disease	J84
Coronary artery disease	
Atherosclerosis	170
Coronary artery disease	120-125
Dementia	F00-F03, G30, G3100, G3182
Diabetes mellitus	E10-E14
Heart failure Heart failure	1110, 150
Valvular heart disease	134-137
Hyperlipidemia	E78
Hypertension	I10-I15 (and Anti-hypertensive drug uses ATC codes 'C09A', 'C09B', 'C09C',
Immunacunaracian	'C09D', 'C07', 'C08', 'C03', 'C01D', 'C02A', 'C02B', 'C02C')
Immunosuppression HIV	B20-B24
Ulcerative colitis and Crohn's disease	K50-K52
Transplant and failure	T86, Z94
Kidney disease	
Acute kidney failure	N17
CKD	N18, N19
Liver disease	
Chronic liver disease	K70-K77 B15-B19
Viral hepatitis  Malignancy	C00-C97 (and expanded benefit coverage codes 'V027', 'V193', 'V194')
Other cerebrovascular diseases	G46, I65-I69
Peripheral vascular disease	170-179
Pneumonia including tuberculosis	
Pneumonia	J12-J18
Tuberculosis	A15-A19
Psychiatric disorders	F04-F99
Stroke or TIA Stroke	G45
TIA	I60-I64, G463-G468
Thromboembolism	126, 163, 174, 1801, 1802, 1803, 1809, 182
Study drugs (ATC)	
Immunosuppressants	
Aminoquinolines, chloroquine, hydroxychloroquine	P01BA
Calcineurin inhibitors	LOAD
Corticosteroids	H02
Interleukin Inhibitors Other immunosuppressants	LOAC LOAX
Other immunosuppressants  Selective immunosuppressants	LOAA LOAA
Tumor necrosis factor alpha inhibitors	LOAB
Co-medications (ATC)	
Acetaminophen	N02BE01, N02BE05, N02BE51, N02BE71
Antibacterials	J01
Anticoagulants	B01AA, B01AB, B01AF, B01AF, B01AX
Antidementia	N06D
Antidepressants  Antidiabetics	N06A A10
Antineoplastic	L01

Antineoplastic L01 A01AD05, C07FX02, C07FX03, C07FX04, C10BX01, C10BX02, C10BX04, Antiplatelets  $C10BX05,\,C10BX06,\,C10BX08,\,C10BX12,\,M01BA03,\,N02AJ02,\,N02AJ07,$ 

N02AJ18, N02BA01, N02BA51, N02BA71, B01AC

N05A

Antipsychotics J05 Antivirals N05B Anxiolytics

C10, A10BH51, A10BH52 Lipid lowering including statin **NSAIDs** 

M01A COVID-19, coronavirus disease 2019; KCD-7, Korean Standard Classification of Diseases 7th Revision; ICU, intensive care unit;

NPC, national procedure codes; ICD-10, International Classification of Disease 10th Revision; ATC, anatomical therapeutic chemical classification code; CKD, chronic kidney disease; TIA, transient cerebral ischemic attack; NSAIDs, nonsteroidal anti-inflammatory drugs.

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**Table S2** OR of primary endpoint associated with immunosuppressants use compared with non-use among COVID-19 patients with ≥40 years of age

Characteristic	Number of patients -	Cumulative incidence (%)		OD	(050/, 01)	
		Non-user	User	OR	(95% CI)	
All-cause death, ICU admission, mechanical ventilation use						
Confirmed-patients with COVID-19						
Immunosuppressants	4,613	10.0	13.3	1.33	(1.07–1.65)	
Corticosteroids	4,597	10.0	13.5	1.34	(1.08–1.65)	
Redefining the exposure searching window						
90 days before and including the date of cohort entry						
Immunosuppressants	4,613	9.9	14.2	1.43	(1.15–1.77)	
Corticosteroids	4,598	9.9	14.3	1.44	(1.16–1.78)	
Hospitalized-patients with COVID-19						
Immunosuppressants	4,349	10.4	13.6	1.32	(1.06–1.63)	
Corticosteroids	4,333	10.4	13.8	1.33	(1.07–1.64)	
Redefining the exposure searching window						
90 days before and including the date of col	nort entry					
Immunosuppressants	4,349	10.3	14.6	1.43	(1.15–1.77)	
Corticosteroids	4,334	10.3	14.7	1.44	(1.16–1.79)	
Statistical method based on PS (immunosuppressant)						
IPTW with trimming	4,349	10.4	13.6	1.32	(1.06–1.63)	
Outcome adjustment model	4,349	10.4	13.6	1.29	(1.05–1.58)	
SMR weighting	4,349	10.4	13.6	1.30	(1.03–1.64)	
PS matching	4,349	10.4	13.6	1.32	(1.07–1.64)	

OR, odds ratio; CI, confidence interval; ICU, intensive care unit; PS, propensity score; IPTW, inverse probability of treatment weighting; SMR, standardized mortality ratio.

Table S3 OR of all-cause death associated with immunosuppressants use compared with non-use among COVID-19 patients with  $\geq$ 40 years of age

Characteristic	Ni mala ay af matiamta	Cumulative incidence (%)		OD	(050/, 01)
	Number of patients-	Non-user	User	OR	(95% CI)
All-cause death					
Confirmed-patients with COVID-19					
Immunosuppressants	4,613	4.1	6.7	1.67	(1.23–2.26)
Corticosteroids	4,597	4.1	6.8	1.68	(1.24–2.28)
Redefining the exposure searching window					
90 days before and including the date of o	cohort entry				
Immunosuppressants	4,613	4.0	7.3	1.82	(1.34–2.46)
Corticosteroids	4,598	4.0	7.4	1.83	(1.35–2.47)
Hospitalized-patients with COVID-19					
Immunosuppressants	4,349	4.2	6.7	1.65	(1.21–2.26)
Corticosteroids	4,333	4.2	6.8	1.67	(1.22–2.76)
Redefining the exposure searching window					
90 days before and including the date of o	cohort entry				
Immunosuppressants	4,349	4.1	7.5	1.85	(1.36–2.52)
Corticosteroids	4,334	4.1	7.6	1.86	(1.37–2.53)
Statistical method based on PS (immunosu	ppressant)				
IPTW with trimming	4,349	4.2	6.7	1.65	(1.21–2.26)
Outcome adjustment model	4,349	4.2	6.7	1.59	(1.18–2.13)
SMR weighting	4,349	4.2	6.7	1.51	(1.05–2.16)
PS Matching	4,349	4.2	6.7	1.57	(1.14–2.17)

OR, odds ratio; CI, confidence interval; PS, propensity score; IPTW, inverse probability of treatment weighting; SMR, standardized mortality ratio.

**Table S4** OR of adverse mechanical ventilation associated with immunosuppressants use compared with non-use among COVID-19 patients with ≥40 years of age

Characteristic	Number of patients	Cumulative incidence (%)		OD	(050/, 01)
		Non-user	User	OR	(95% CI)
Mechanical ventilation					
Confirmed-patients with COVID-19					
Immunosuppressants	4,613	2.3	3.6	1.13	(0.77-1.66)
Corticosteroids	4,597	2.3	3.6	1.13	(0.77-1.66)
Redefining the exposure searching window					
90 days before and including the date of cohort en	try				
Immunosuppressants	4,613	2.2	3.9	1.37	(0.92-2.02)
Corticosteroids	4,598	2.2	3.9	1.37	(0.93-2.02)
Hospitalized-patients with COVID-19					
Immunosuppressants	4,349	2.4	3.8	1.12	(0.76-1.65)
Corticosteroids	4,333	2.4	3.8	1.13	(0.77-1.65)
Redefining the exposure searching window					
90 days before and including the date of cohort en	try				
Immunosuppressants	4,349	2.4	4.1	1.36	(0.92-2.00)
Corticosteroids	4,334	2.4	4.1	1.36	(0.92-2.01)
Statistical method based on PS (immunosuppressar	nt)				
IPTW with trimming	4,349	2.4	3.8	1.12	(0.76-1.65)
Outcome adjustment model	4,349	2.4	3.8	1.20	(0.81–1.77)
SMR weighting	4,349	2.4	3.8	1.27	(0.83-1.92)
PS matching	4,349	2.4	3.8	1.27	(0.84-1.92)

OR, odds ratio; CI, confidence interval; PS, propensity score; IPTW, inverse probability of treatment weighting; SMR, standardized mortality ratio.

**Table S5** OR of ICU admission associated with immunosuppressants use among COVID-19 patients with ≥40 years of age

Characteristic	Number of patients –	Cumulative incidence (%)		OD.	(050/, 01)
		Non-user	User	OR	(95% CI)
ICU admission					
Confirmed-patients with COVID-19					
Immunosuppressants	4,613	6.8	8.3	1.12	(0.88–1.44)
Corticosteroids	4,597	6.8	8.4	1.13	(0.88–1.45)
Redefining the exposure searching window					
90 days before and including the date of cohort	t entry				
Immunosuppressants	4,613	6.7	8.7	1.22	(0.94–1.59)
Corticosteroids	4,598	6.7	8.8	1.23	(0.95–1.60)
Hospitalized-patients with COVID-19					
Immunosuppressants	4,349	7.1	8.7	1.12	(0.87–1.44)
Corticosteroids	4,333	7.1	8.8	1.13	(0.88–1.45)
Redefining the exposure searching window					
90 days before and including the date of cohort	t entry				
Immunosuppressants	4,349	7.0	9.1	1.21	(0.93–1.57)
Corticosteroids	4,334	7.0	9.2	1.22	(0.94–1.58)
Statistical method based on PS (immunosuppres	sant)				
IPTW with trimming	4,349	7.1	8.7	1.12	(0.87–1.44)
Outcome adjustment model	4,349	7.1	8.7	1.13	(0.88–1.45)
SMR weighting	4,349	7.1	8.7	1.10	(0.84–1.46)
PS matching	4,349	7.1	8.7	1.14	(0.88–1.47)

OR, odds ratio; ICU, intensive care unit; CI, confidence interval; PS, propensity score; IPTW, inverse probability of treatment weighting; SMR, standardized mortality ratio.