## Appendix 1: Supplementary results

Figure S1. Percent bias difference between treatment and control groups, before and after propensity score matching. This illustrates the imbalance in the observed covariates before and after matching.


Figure S2. Kernel density estimation of groups' propensity scores before and after matching


Treatment groups' propensity score distributions before matching


Treatment groups' propensity score distributions after matching

Figure S3. Bias terms of linear regression $\square$ and instrumental variable methods $\Delta$ : Binary and continuous covariates. These plots provide an indication of the bias caused by omitting a single observed covariate from an analysis.


Figure S4. Point prevalence quit rates by instrumental variable condition at 3,6 and 9 -months and 1,2 and 4 -years after exposure, $\mathrm{N}=216,022^{*}$

*4114 patients were excluded from the instrumental variable analysis as they were the first individuals to consult with each GP, thus for these individuals we do not have data about the GP previous prescribing behaviour to enable generation of the instrument.

Table S1. Propensity score matched models: Odds-ratios and $95 \%$ confidence intervals for the association between prescription of varenicline versus NRT and smoking cessation at 3, 6 and 9 -months and 1, 2 and 4-years after exposure, $\mathrm{N}=141,218 *$

Odds-ratio (95\% confidence interval) $\ddagger$

| 3-months | 6-months | 9-months | 1-year | 2-years |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1.42 | 1.45 | 1.40 | 1.35 | 1.27 | 4-years |
| $(1.37$ to 1.48$)$ | $(1.40$ to 1.51$)$ | $(1.35$ to 1.45$)$ | $(1.30$ to 1.39$)$ | $(1.23$ to 1.30$)$ |  |

$\ddagger$ Model adjusted for propensity score. *Missing BMI and IMD values were imputed using multiple imputation (16).

Table S2. Conventional and instrumental variable linear regression models: Risk difference per 100 patients treated and $95 \%$ confidence intervals for the association between varenicline versus NRT and smoking cessation at 3,6 and 9 -months and 1, 2 and 4 -years after exposure, $\mathrm{N}=216,022$

| Model | 3-months | 6-months | 9-months | 1-year | 2-years | 4-years |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | difference (95\% | fidence int |  |  |
| Linear regression model $\ddagger$ | $\begin{gathered} 5.09 \\ (4.61 \text { to } 5.58) \end{gathered}$ | $\begin{gathered} 6.41 \\ (5.91 \text { to } 6.91) \end{gathered}$ | $\begin{gathered} 6.15 \\ (5.65 \text { to } 6.64) \end{gathered}$ | $\begin{gathered} 6.15 \\ (5.65 \text { to } \\ 6.64) \end{gathered}$ | $\begin{gathered} 5.03 \\ (4.57 \text { to } 5.50) \end{gathered}$ | $\begin{gathered} 4.33 \\ (3.86 \text { to } 4.80) \end{gathered}$ |
| Instrumental variable linear regression model $\ddagger \ddagger$ | $\begin{gathered} 4.13 \\ (2.24 \text { to } 6.01) \end{gathered}$ | $\begin{gathered} 6.51 \\ (4.52 \text { to } 8.500) \end{gathered}$ | $\begin{gathered} 6.42 \\ (4.40 \text { to } 8.43) \end{gathered}$ | $\begin{gathered} 5.97 \\ \text { (3.94 to } \\ 8.00) \end{gathered}$ | $\begin{gathered} 4.76 \\ (2.77 \text { to } 6.74) \end{gathered}$ | $\begin{gathered} 4.06 \\ (2.09 \text { to } 6.03) \end{gathered}$ |
| Partial F-statistic* | 12466.37 | 12466.37 | 12466.37 | 12466.37 | 12466.37 | 12466.37 |
| Hausman test | $\begin{gathered} 0.46 \\ \mathrm{P}=0.50 \end{gathered}$ | $\begin{gathered} 0.52 \\ \mathrm{P}=0.47 \end{gathered}$ | $\begin{gathered} 0.86 \\ \mathrm{P}=0.35 \end{gathered}$ | $\begin{gathered} 0.93 \\ \mathrm{P}=0.33 \end{gathered}$ | $\begin{gathered} 0.12 \\ \mathrm{P}=0.73 \end{gathered}$ | $\begin{gathered} 0.11 \\ \mathrm{P}=0.74 \end{gathered}$ |

$\ddagger$ Conventional linear regression model adjusted for age, sex and year of $1^{\text {st }}$ prescription. $\ddagger \ddagger$ Instrumental variable linear regression model adjusted only for year of $1^{\text {st }}$ prescription. *This table presents partial F statistics (i.e. the test of the association of the instrument and the prescription) and the Hausman test of endogenous the exposure. 4114 patients were excluded from the instrumental variable analysis as they were the first individuals to consult with each GP, thus for these individuals we do not have data about the GP previous prescribing behavior to enable generation of the instrument.

## Effectiveness of varenicline stratified by neighbourhood deprivation

Table S3. Effectiveness of varenicline at 3, 6 and 9-months, and 1, 2 and 4 -years after first prescription in the least deprived areas (IMD scores 1 to 10). Effect estimates and $95 \%$ confidence intervals presented for each analytic technique.

| Analysis technique | 3-months | 6-months | 9-months | 1-year | 2-years | 4-years |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Effect estimate (95\% confidence interval) |  |  |  |  |  |
| Logistic regression model $^{1}$ | $\begin{gathered} 1.45(1.37 \text { to } 1.54) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.50 \text { (1.42 to } 1.57) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.46 \text { (1.39 to } 1.54) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.38 \text { (1.31 to } 1.45) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.29 \text { (1.23 to } 1.35) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.19 \text { (1.14 to } 1.24) \\ \mathrm{p}<0.0001 \end{gathered}$ |
| Propensity score matched logistic regression model $^{2}$ | $\begin{gathered} 1.41 \text { (1.33 to } 1.50) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.43 \text { (1.35 to } 1.51) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.23 \text { (1.17 to } 1.30) \\ \mathrm{p}<0.0001 \end{gathered}$ | $\begin{gathered} 1.18 \text { (1.08 to } 1.28) \\ p=0.0003 \end{gathered}$ | $\begin{gathered} 1.07(0.99 \text { to } 1.16) \\ p=0.1063 \end{gathered}$ | $\begin{gathered} 1.00(0.92 \text { to } 1.08) \\ p=0.9841 \end{gathered}$ |
| Instrumental variable analysis ${ }^{3}$ | $\begin{gathered} 1.49(-2.05 \text { to } 5.04) \\ p=0.4097 \end{gathered}$ | $\begin{gathered} 3.84 \text { (0.05 to 7.64) } \\ p=0.0473 \end{gathered}$ | $\begin{gathered} 4.46 \text { (0.64 to 8.28) } \\ p=0.0222 \end{gathered}$ | $\begin{gathered} 4.13 \text { (0.32 to } 7.93 \text { ) } \\ \mathrm{p}=0.0334 \end{gathered}$ | $\begin{gathered} 2.79(-1.07 \text { to } 6.65) \\ p=0.1567 \end{gathered}$ | $\begin{gathered} 0.59(-3.30 \text { to } 4.48) \\ p=0.7661 \end{gathered}$ |

$1 \mathrm{~N}=52,534$; data reported are partial adjusted odds-ratios, models were adjusted for age, sex and year of prescription. $2 \mathrm{~N}=31,407$; data reported are oddsratios, models were adjusted for propensity score. $3 \mathrm{~N}=51,436$; data reported are risk difference per 100 patients treated; models were adjusted for year of prescription. $\ddagger$ Missing IMD values were not imputed, and patients with missing IMD data were excluded from analyses to ensure comparability of results across samples.

Table S4. Effectiveness of varenicline at 3, 6 and 9-months, and 1, 2 and 4-years after first prescription in the most deprived areas (IMD scores 11 to 20). Effect estimates and $95 \%$ confidence intervals presented for each analytic technique. $\ddagger$

| Analysis | 3-months | 6-months | 9-months | 1-year | 2-years |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | technique

Logistic
regression
model $^{1}$

Propensity score
matched logistic
regression
model $^{2}$
Instrumental
variable
analysis ${ }^{3}$
1.38 (1.31 to 1.46)
$\mathrm{p}<0.0001$
$1.32(1.23$ to 1.41$)$
$\mathrm{p}<0.0001$
$\begin{array}{cc}0.66(-2.44 \text { to } 3.75) & 3.09(-0.11 \text { to } 6.30) \\ \mathrm{p}=0.6785 & \mathrm{p}=0.0584\end{array}$
1.43 (1.36 to 1.50)
1.37 (1.31 to 1.44) p<0.0001
1.33 (1.27 to 1.3 )
$\mathrm{p}<0.0001$
1.28 (1.23 to 1.34) p<0.0001
1.22 (1.17 to 1.26) p<0.0001

## Effect estimate (95\% confidence interval)

[^0]Table S5. Number (N) and percent (\%) of patients missing outcome data by treatment at all follow-ups

|  | 3-months | 6-months | 9-months | 1-year | 2-years | 4-years |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| NRT | $69.4 \%$ | $56.0 \%$ | $45.9 \%$ | $37.2 \%$ | $19.8 \%$ | $10.8 \%$ |
|  | $\mathrm{~N}=103,743 /$ | $\mathrm{N}=83,803 /$ | $\mathrm{N}=68,665 /$ | $\mathrm{N}=55,696 /$ | $\mathrm{N}=29,608 /$ | $\mathrm{N}=16,151 /$ |
|  | 149,526 | 149,526 | 149,526 | 149,526 | 149,526 | 149,526 |
| Varenicline | $65.6 \%$ | $53.6 \%$ | $44.9 \%$ | $37.4 \%$ | $21.4 \%$ | $12.7 \%$ |
|  | $46,312 /$ | $37,819 /$ | $31,732 /$ | $26,400 /$ | $15,129 /$ | $8,984 /$ |
|  | 70,610 | 70,610 | 70,610 | 70,610 | 70,610 | 70,610 |

Table S6. Comparison of baseline characteristics between the whole sample and patients missing 2year outcome data

## NRT

|  | NRT |  | Varenicline |  |
| :--- | :---: | :---: | :---: | :---: |
|  | $\begin{array}{c}\text { Patients with } \\ \text { missing } \\ \text { (Ntcome data } \\ \text { (N=29,608) }\end{array}$ |  | $\begin{array}{c}\text { Whole sample } \\ \text { (N= 149,526) }\end{array}$ | $\begin{array}{c}\text { Patients with } \\ \text { missing outcome } \\ \text { data }\end{array}$ |
| Characteristic | $\begin{array}{c}\text { Whole sample } \\ \text { (N= 70,610) }\end{array}$ |  |  |  |
|  |  |  | (N= 15,129) |  |$]$

*Missing data: BMI data was missing for $14.2 \%$ (N= 31,169); IMD data was missing for $43.3 \%$ (N= 95,355 ). Missing BMI and IMD values were imputed using multiple imputation (16). 1 Data presented are mean and standard deviation. 2 Data presented are median.

Table S7. Multivariable logistic regression models: Comparison of estimates derived from the main analysis and the sensitivity analysis. Fully adjusted oddsratios and 95\% confidence intervals for the association between varenicline versus NRT and smoking cessation at 3, 6 and 9 -months and 1, 2 and 4 -years after exposure, $\mathrm{N}=220,136$

## 3-months 6-months 9-months 1-year 2-years 4-years

Odds-ratios ( $95 \%$ confidence interval) $\ddagger \ddagger$

| Main analysis (missing outcome <br> data=smoking) (19) | 1.42 | 1.46 | 1.40 | 1.34 | 1.26 | 1.19 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $(1.38$ to 1.47$)$ | $(1.42$ to 1.50$)$ | $(1.36$ to 1.44$)$ | $(1.31$ to 1.38$)$ | $(1.23$ to 1.29$)$ | $(1.16$ to 1.21$)$ |
| Sensitivity (missing outcome <br> data=multiply imputed) | 1.37 | 1.40 | 1.34 | 1.29 | 1.23 |  |

$\ddagger \ddagger$ Data reported are odds-ratios and models were fully adjusted for all baseline covariates. Missing BMI and IMD values were imputed using multiple imputation (16).

Table S8. Estimated linear regression and instrumental variable bias components

|  |  | Difference per 100 patients treated (95\% Confidence intervals) <br> (9nstrumental variables |  |
| :--- | :---: | :---: | :---: | :---: |
| Covariate | N | Ordinary least squares | heterogeneity |

Notes: Bias components estimated via GMM. The null hypothesis of the heterogeneity test is that there is no difference between the linear regression and the linear regression bias terms.

1 Table S9. Adjusted relative outcome rate among patients treated with varenicline or nicotine replacement 2 therapy using propensity score methods. Follow-up at 3, 6, 9, 12, 24, 48 months.


Primary care diagnosis of:

|  |  | Number of <br> events | Number of <br> patients | Odds-ratio <br> (95\% Confidence interval) |
| :---: | :---: | :---: | :---: | :---: |
| Myocardial infarction | 3 | 70 | 78786 | $0.40(0.24$ to 0.68$)$ |
|  | 6 | 110 | 75660 | $0.67(0.45$ to 0.98$)$ |
|  | 9 | 146 | 72335 | $0.70(0.50$ to 0.97$)$ |
|  | 12 | 177 | 68706 | $0.81(0.60$ to 1.09$)$ |
| Chronic obstructive | 24 | 280 | 54118 | $0.91(0.72$ to 1.16$)$ |
| pulmonary disease | 48 | 317 | 26134 | $1.03(0.82$ to 1.30$)$ |
|  | 3 | 674 | 75336 | $0.67(0.57$ to 0.79$)$ |
|  | 6 | 868 | 72390 | $0.71(0.62$ to 0.82$)$ |
|  | 9 | 1070 | 69269 | $0.77(0.68$ to 0.88$)$ |
|  | 12 | 1237 | 65816 | $0.80(0.71$ to 0.90$)$ |
|  | 24 | 1682 | 51966 | $0.88(0.80$ to 0.97$)$ |
|  | 48 | 1652 | 25266 | $0.98(0.89$ to 1.09$)$ |

4 Table S10. Adjusted Relative Outcome Frequency Among Patients Treated With Varenicline or Nicotine Replacement Therapy Using Propensity 5 score Methods. Follow-up at 3, 6, 9, 12, 24, 48 Months. Non-imputed data. Reproduced without changes from Davies et al. 2018. ${ }^{21}$ 6 https://onlinelibrary.wiley.com/doi/abs/10.1111/add.14146

| Outcome | Follow-up <br> length | Number of <br> patients <br> N | Percentage difference <br> (95\% confidence intervals) <br> Fully adjusted |
| :--- | :---: | :---: | :---: |
| Number of GP visits | 3 | 80,185 | $11.10(6.63$ to 15.76$)$ |
|  | 6 | 77,005 | $2.86(-0.74$ to 6.59$)$ |
|  | 9 | 73,617 | $-0.18(-3.35$ to 3.08$)$ |
|  | 12 | 69,909 | $-1.37(-4.29$ to 1.63$)$ |
|  | 24 | 55,032 | $-1.98(-4.53$ to 0.63$)$ |
| Number of | 48 | 26,462 | $-1.15(-4.04$ to 1.82$)$ |
| hospitalizations | 3 | 81,840 | $-7.20(-8.23$ to -6.17$)$ |
|  | 6 | 80,493 | $-11.05(-12.36$ to -9.73$)$ |
|  | 9 | 78,935 | $-13.52(-14.99$ to -12.03$)$ |
|  | 12 | 76,990 | $-12.89(-14.49$ to -11.26$)$ |
| Number of | 24 | 67,202 | $-9.97(-11.97$ to -7.93$)$ |
| hospitalizations | 48 | 39,405 | $-5.30(-8.21$ to -2.29$)$ |
| for respiratory disease | 3 | 80,421 | $-1.83(-2.36$ to -1.30$)$ |
|  | 6 | 77,498 | $-2.88(-3.59$ to -2.17$)$ |
|  | 9 | 74,393 | $-3.32(-4.15$ to -2.49$)$ |
| Number of | 12 | 70,983 | $-3.62(-4.57$ to -2.66$)$ |
| hospitalizations | 24 | 57,038 | $-2.93(-4.38$ to -1.46$)$ |
| for cardiovascular | 48 | 29,058 | $-1.11(-3.98$ to 1.84$)$ |
| disease | 3 | 80,375 | $-2.27(-2.82$ to -1.71$)$ |
|  | 6 | 77,417 | $-3.13(-3.84$ to -2.43$)$ |
|  | 9 | 74,280 | $-3.40(-4.22$ to -2.56$)$ |

Table S11. Means and bias of baseline covariates before and after propensity score matching. Reproduced without changes from Davies et al. 2018. ${ }^{21}$ https://onlinelibrary.wiley.com/doi/abs/10.1111/add. 14146


|  | Mean |  |  |  | \% Bias <br> reduction |
| :--- | :--- | :---: | :---: | :---: | :---: |
|  | Marenicline | NRT | \%bias | Vatched | 0.14 |
| 0.14 | -0.2 | 98.7 |  |  |  |
| Antidepressants | Unmatched | 0.43 | 0.50 | -14.2 |  |
| Statins | Matched | 0.43 | 0.44 | -1.6 | 88.5 |
|  | Unmatched | 0.15 | 0.19 | -12.1 |  |
| Antihypertensives | Matched | 0.15 | 0.15 | -1.2 | 90.3 |
|  | Unmatched | 0.17 | 0.21 | -10.3 |  |
| Diabetic medications | Matched | 0.17 | 0.17 | -0.2 | 97.9 |
| Previously diagnosed with: | Unmatched | 0.06 | 0.09 | -10 |  |
| Self-harm | Matched | 0.06 | 0.07 | -0.7 | 92.5 |
|  | Unmatched | 0.09 | 0.10 | -6 |  |
| Myocardial infarction | Matched | 0.09 | 0.09 | -0.7 | 88 |
|  | Unmatched | 0.02 | 0.03 | -9.1 |  |
| Chronic obstructive pulmonary | Matched | 0.02 | 0.02 | -0.4 | 96 |
| disease | Unmatched | 0.06 | 0.08 | -7.9 |  |
| Chronic disease (Charlson index) | Matched | 0.06 | 0.06 | -0.6 | 92 |
|  | Unmatched | 0.32 | 0.38 | -13.6 |  |


[^0]:    $1 \mathrm{~N}=72,247$; data reported are partial adjusted odds-ratios, models were adjusted for age, sex and year of prescription. $2 \mathrm{~N}=40,243$; data reported are oddsratios, models were adjusted for propensity score. $3 \mathrm{~N}=71,041$; data reported are risk difference per 100 patients treated; models were adjusted for year of prescription. $\ddagger$ Missing IMD values were not imputed, and patients with missing IMD data were excluded from analyses to ensure comparability of results across samples.

