SUPPLEMENTAL DATA:
Selection Criteria for Patients With AL Amyloidosis

- Adult patients ≥18 years at index date (date of first observed diagnosis code) with newly diagnosed AL amyloidosis were identified based on having ≥2 diagnosis codes for amyloidosis (*ICD-10-SE* codes E85.4x, E.85.8x, E85.9) from January 1, 2011, to December 31, 2019, plus ≥1 of the following:
  - Receipt of antiplasma cell therapy
  - An amyloidosis diagnosis made in a hematology/oncology clinic

  and/or
  - A diagnosis code specific to AL amyloidosis (*ICD-10-SE* E85.8A)
- Patients without any type of amyloidosis (*ICD-10-SE* E85) >90 days before index date
- Patients without diagnosis code for familial Mediterranean fever (*ICD-10-SE* E85.0) during the entire pre-index period
- Patients without hereditary or secondary amyloidosis codes (*ICD-10-SE* E85.0, E85.1, E85.2, E85.3) within 90 days after index date
- Patients without patisiran, inotersen, or tafamidis codes (ATC classification system codes N07XX12, N07XX15, N07XX08) any time before index date or within 90 days after index date

ATC, Anatomical Therapeutic Chemical.