**Supplemental Table 1:** Explanatory schema of the difference-in-differences analysis for non-insulin antihyperglycemic therapy prescriptions per 1,000 beneficiaries

Prescriptions per 1,000 beneficiaries	Pre-expansion period	Post-expansion period	Difference
Non-Expansion States	2.792 (A)	2.977 (B)	0.185 (B-A)
Expansion States	4.136 (C)	5.999 (D)	1.862 (D-C)
Difference	1.344 (C-A)	3.022 (D-B)	**Difference-in-Difference 1.677 ([D-C]-[B-A])**

Difference-in-differences is an analysis that attempts to estimate the effect of an intervention leveraging longitudinal observational data. Before the intervention occurs, the trajectories of the measured outcome must be parallel between the control and intervention arms. This establishes the assumption that the groups were on similar trajectories prior to the intervention, thus any deviation in slope post-intervention may be attributed to the intervention. The effect is estimated by comparing the before-after change in the treatment group with the before-after change in the control group. In our study, we established that the trends were parallel prior to 2014. Changes between (B) and (A) reflect changes between the pre- and post-expansion periods for non-expansion states, while changes between (D) and (C) reflect the change between periods for expansion states. If the Medicaid expansion had little effect on prescriptions/1,000 beneficiaries, these values would be similar, however in our difference-in-differences cell, we note a significant difference of 1.677, suggesting a significant increase in per-beneficiary prescriptions. It is important to note that while the difference-in-differences framework is informative, the lack of randomized controlled design precludes causal inference and the observed differential use patterns may be related to unbalanced confounding occurring either at baseline or introduced during the observation period.

Supplemental Figure 1: Medicaid Trends in Claims or Per-Prescription Spending of Antihyperglycemic Therapies between 2012 and 2017.
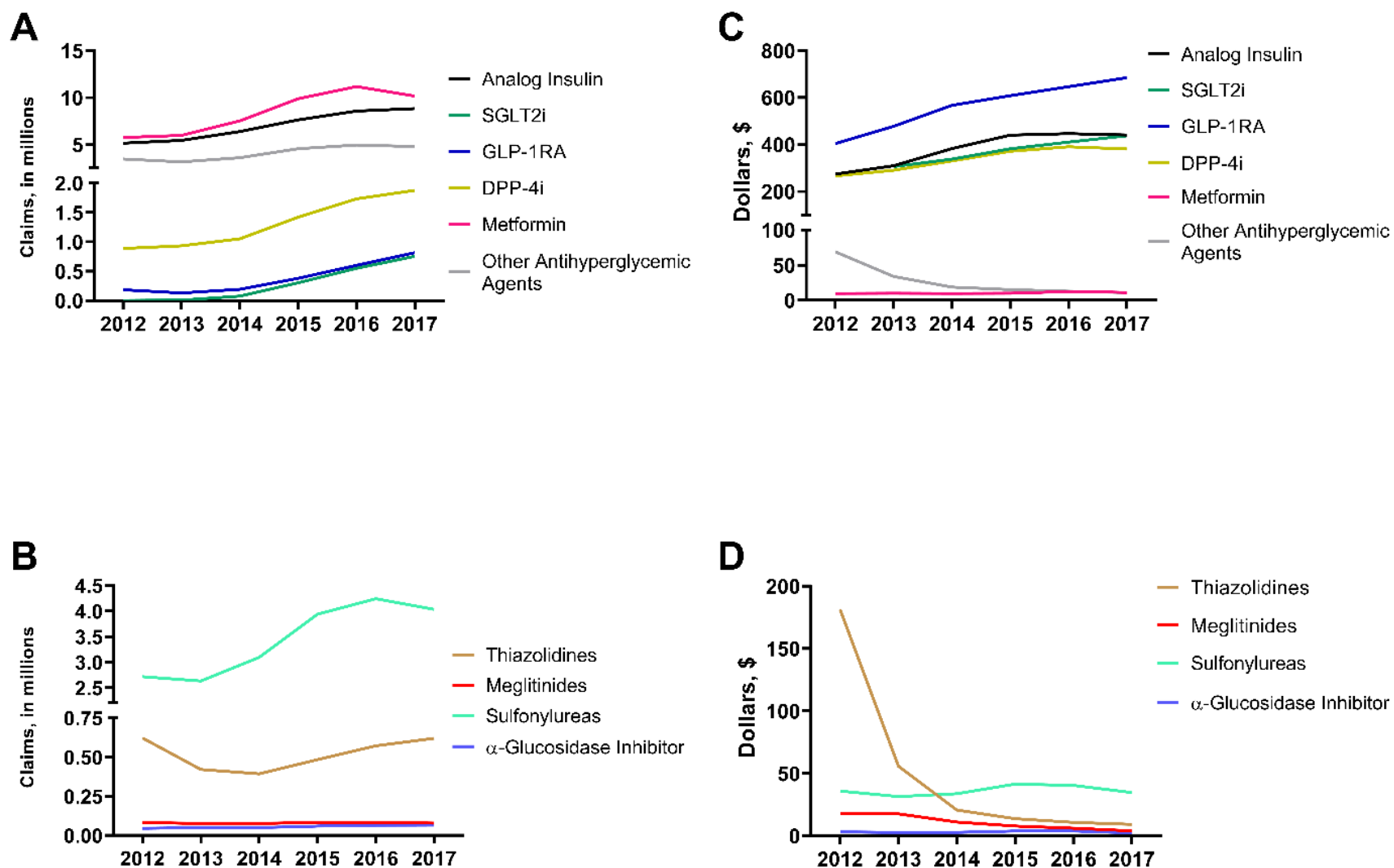
Supplemental Figure 2: Distribution of Inflation-Adjusted National Medicaid Spending Between 2012 and 2017.

Expressed per million $. Abbreviations: SGLT2i: sodium-glucose cotransporter 2 inhibitor; GLP-1RA: glucagon-like peptide-1 receptor agonist; DPP-4i: dipeptidyl peptidase-4 inhibitor. Other antihyperglycemic therapies: sulfonylurea, thiazolidines, amylin analogues, meglitinides, α-glucosidase inhibitors.