

SUPPLEMENTARY MATERIAL

Table S1. Medicines under additional monitoring before December 2017, included in the study.

	BRAND NAME	ACTIVE SUBSTANCE
Diabetes Mellitus Type 2 (DM2)	EBYMECT (5/1000 MG 56 COATED TABLETS)	METFORMIN + DAPAGLIFLOZIN
	EBYMECT (5/850 MG 56 COATED TABLETS)	METFORMIN + DAPAGLIFLOZIN
	EDISTRIDE (10 MG 28 COATED TABLETS)	DAPAGLIFLOZIN
	XIGDUO (5/1000 MG 56 COATED TABLETS)	METFORMIN + DAPAGLIFLOZIN
	XIGDUO (5/850 MG 56 COATED TABLETS)	METFORMIN + DAPAGLIFLOZIN
	INVOKANA (100 MG 30 COATED TABLETS)	CANAGLIFLOZIN
	INVOKANA (300 MG 30 COATED TABLETS)	CANAGLIFLOZIN
	VOKANAMET (150/1000 MG 60 COATED TABLETS)	METFORMIN + CANAGLIFLOZIN
	VOKANAMET (150/850 MG 60 COATED TABLETS)	METFORMIN + CANAGLIFLOZIN
	VOKANAMET (50/1000 MG 60 COATED TABLETS)	METFORMIN + CANAGLIFLOZIN
	VOKANAMET (50/850 MG 60 COATED TABLETS)	METFORMIN + CANAGLIFLOZIN
	JARDIANCE (10 MG 30 COATED TABLETS)	EMPAGLIFLOZIN
	JARDIANCE (25 MG 30 COATED TABLETS)	EMPAGLIFLOZIN
	SYNJARDY (12.5/1000 MG 60 COATED TABLETS)	METFORMIN + EMPAGLIFLOZIN
	SYNJARDY (5/1000 MG 60 COATED TABLETS)	METFORMIN + EMPAGLIFLOZIN
	TRULICITY (1.5 MG 4 PRE-FILLED PEN 0.5 ML)	DULAGLUTIDE
Cardiovascular disease (CVD)	LIXIANA (30 MG 28 COATED TABLETS)	EDOXABAN
	LIXIANA (60 MG 28 COATED TABLETS)	EDOXABAN
	XARELTO (15 MG 28 COATED TABLETS)	RIVAROXABAN
	XARELTO (20 MG 28 COATED TABLETS)	RIVAROXABAN
	ENTRESTO (24/26 MG 28 COATED TABLETS)	VALSARTAN + SACUBITRIL
	ENTRESTO (49/51 MG 56 COATED TABLETS)	VALSARTAN + SACUBITRIL
	ENTRESTO (97/103 MG 56 COATED TABLETS)	VALSARTAN + SACUBITRIL
	NEPARVIS (24/26 MG 28 COATED TABLETS)	VALSARTAN + SACUBITRIL
	NEPARVIS (49/51 MG 56 COATED TABLETS)	VALSARTAN + SACUBITRIL
	NEPARVIS (97/103 MG 56 COATED TABLETS)	VALSARTAN + SACUBITRIL
Chronic Obstructive Pulmonary Disease (COPD)	RELVAR ELLIPTA (184/22 MCG/DOSES POWDER 1 INHALER 30 DOSES)	VILANTEROL + FLUTICASONE FUROATE
	RELVAR ELLIPTA (92/22 MCG/DOSES POWDER 1 INHALER 30 DOSES)	VILANTEROL + FLUTICASONE FUROATE
	ULTIBRO BREEZHALER (85/43 MCG 30 INHALATION CAPSULES + INHALER)	INDACATEROL + GLYCOPYRRONIUM BROMIDE
	INCRUSE ELLIPTA (55 MCG/DOSES 1 INHALER 30 DOSES)	UMECLIDINIUM BROMIDE

Table S2. The TIDieR (Template for Intervention Description and Replication) checklist.

Item number	Item	Where located	
		Primary paper (page or appendix number)	Other (details)
	BRIEF NAME		
1.	Provide the name or a phrase that describes the intervention. <i>New pharmacy service focused on safety, adherence, use and knowledge and quality of life of antidiabetics, bronchodilators and antithrombotics considered medicines under additional monitoring.</i>	Page 4	____ N/A ____
	WHY		
2.	Describe any rationale, theory, or goal of the elements essential to the intervention. <i>Community pharmacists are the most accessible healthcare providers, and their availability is crucial to strengthen communication with patients in order to deepen into the causes of non-adherence and into the needs of improving health promotion and medication knowledge, through provision of pharmaceutical care.</i> <i>Adherence and an appropriate knowledge about the treatment are especially important in the case of medicines under additional monitoring (AM), due to the early collection of information. The main goal of AM is to collect information to further inform ADR, which are directly linked to patient health outcomes, as they tend to worsen patients' quality of life.</i>	Pages 4,5	____ N/A ____

WHAT			
3.	Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	Pages 4,5,6,7,8	___N/A___
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	Pages 4,5,6,7,8	___N/A___
WHO PROVIDED			
5.	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	Page 5,6	___N/A___
HOW			
6.	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	Page 5,6	___N/A___
WHERE			
7.	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	Page 5,6	___N/A___
WHEN and HOW MUCH			
8.	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	Page 5,6	___N/A___
TAILORING			
9.	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	___N/A___	___N/A___

MODIFICATIONS			
10.†	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	_____ N/A _____	_____ N/A _____
HOW WELL			
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_____ N/A _____	_____ N/A _____
12.†	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_____ N/A _____	_____ N/A _____

N/A: no applicable for the intervention being described.

Table S3. Causes of non-adherence assessed by the pharmacist based on the patient's response:

BARRIERS	Resource and skill related barriers	Belief and motivation related barriers
Cognitive barrier	Yes	No
Forgetfulness	Yes	No
Lack of understanding	Yes	No
Physical barrier (vision, swallowing difficulty, tremors, etc.)	Yes	No
Complexity of medication dosage form	Yes	No
Does not want to improve his/her health	No	Yes
Does not consider the information received about the medication and/or the condition adequate	No	Yes
Not aware of the severity of his/her condition	No	Yes
Not aware of the benefits of the medication	No	Yes
Not aware of the consequences of not following the recommendations for proper medication intake	No	Yes
Affected by taking a large number of different medications	No	Yes
Finds the medication dosage regimen complex	No	Yes
Experiences problems with the medication dosage form	No	Yes
Believes they have experienced and Adverse Drug Reaction (ADR)	No	Yes
Cultural of belief reasons	No	Yes
Has had difficulties in accessing healthcare (changing doctors, scheduling, distance, etc.)	No	Yes
Financial reasons (co-pay, etc.)	No	Yes
Other causes:	Yes	Yes
TYPE OF NON-ADHERENCE: - UNINTENTIONAL: if any of the barriers related to resources and skills are identified. - INTENTIONAL: if any of the barriers related to beliefs and motivation are identified - MIXED: if barriers related to both resources and skills and beliefs and motivation are identified.	UNINTENTIONAL	INTENTIONAL

- **INTENTIONAL NON-ADHERENCE:** The patient has consciously or deliberately decided not to follow the recommendations for medication adherence.

- **UNINTENTIONAL NON-ADHERENCE:** the patient does not adhere to the medication for reasons beyond their control; in other words, the patient has not made a conscious decision to reject the recommendations.

- **NON-ADHERENCE** can also be **MIXED**.

Table S4. Table of interventions in non-adherent patients.

INTERVENTION FOR UNINTENTIONAL NON-ADHERENCE	Done?	Date	Problem solved?	Date
Keep a record of medication intake (use the active treatment sheet)				
Use pillbox				
Set an alarm as a medication reminder				
Link taking medication with a daily activity				
Manipulate the labeling of the box: pictograms, dosage indication on the box, etc.				
Pharmaceutical advice: offer verbal and written information about the pathology				
Pharmaceutical advice: offer verbal and written information about the medication (objectives, benefits, adverse effects, etc.)				
Refer the doctor to adapt the dosage regimen of the drug to the patient's situation				
Other interventions:				

INTERVENTION FOR INTENTIONAL NON-ADHERENCE	Done?	Date	Problem solved?	Date
Pharmacist advice: offer verbal and written information about the pathology				
Pharmaceutical advice: offer verbal and written information about the medication (objectives, benefits, adverse effects, etc.)				
Refer the doctor to adapt the dosage regimen of the drug to the patient's situation				
Active motivation				
Make an evaluation of the possible relation Adverse Drug Reaction - medication and communicate it				
Provide information on the incidence of adverse drug reactions over time				
Facilitate and encourage communication with the health center, caregivers, family members, etc.				
Evaluate options to reduce drug cost				
Keep a record of medication intake				
Use pillbox				
Set an alarm as a medication reminder				
Link taking medication with a daily activity				
Manipulate the labelling of the box: pictograms, dosage indication on the box, etc.				
Other interventions:				

Table S5. Table of interventions in case of incorrect use and knowledge.

INTERVENTION	Done?	Date	Verbal or written?	Problem solved?	Date
Verbal and/or written information about the medication: what it is for					
Verbal and/or written information about the medication: dose/pattern					
Verbal and/or written information about the medication: treatment duration					
Verbal and/or written information about the medication: mode of use					
Verbal and/or written information about the medication: precautions for use					
Other interventions:					