likely to receive prescriptions of OCS for asthma exacerbations than initiators of ICS (HR, 0.38; 95%CI, 0.12-0.66) or LABA monotherapies (HR, 0.50; 95%CI, 0.14-0.78). CONCLUSIONS: Inhaled LABA should not be prescribed as monotherapy to adults with asthma, and should be used as an add-on to ICS as maintenance therapy. The findings suggest presence of time-dependent confounding by asthma severity in the assessment of LABA association with asthma exacerbations requiring prescriptions of OCS.