

Supplementary Materials – *BMJ Open*

Estimating the Value of New Antibiotic Treatment Strategies in Zhejiang Province, China: Cost-Effectiveness Analysis Based on a Validated Dynamic Model

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Appendix A. Cohort Characteristics

Table A.1 Patient characteristics of included inpatients from tier-3 hospital

Appendix B. Model Inputs Derivation

Table B.1 The derivation of the main model inputs.

Table B.2 The derivation of baseline resistance specific inputs.

Appendix A. Cohort Characteristics

Table A.1 Patient characteristics of included inpatients from tier-3 hospital.

Gender	Male	Female		
		6293	4612	
Year of hospitalization	Year 2018	Year 2019	Year 2020	Year 2021
	1365	3027	3056	3457
	Min	Max	Median	Mean
Age	19	99	69	68.36
Hospital LOS (days)	0 (<1)	377	23	23.71
Hospitalization costs (¥)	0.00	1,100,000.00	41,272.30	72,514.92

LOS: length of stay

Appendix B. Model Inputs Derivation

Table B.2 The derivation of the main model inputs.

Model Input	Derivation	Value	Input Source
Willingness-to-pay (WTP) threshold	Three times the average per capita Gross Domestic Product (GDP) in Zhejiang Province, China, from 2018 to 2021. Then it was converted to baseline value using the Consumer Price Index (CPI) with 2021 as the base year	* ¥313,087.99 (US\$44,959.44)	China National Bureau of Statistics
Discount rate	Guidelines recommendation	5%	China Guidelines for Pharmacoeconomic Evaluations
Life expectancy post treatment success	The average life expectancy of the population of Zhejiang Province (77.73 years) minus the average age at the successful treatment of 10,905 inpatients (68.13 years) yielded the life expectancy post treatment success of 9.60 years	9.60 years	National Bureau of Statistics. The average life expectancy of the population of Zhejiang Province; Calculated from the data of the tier-3 hospital
Utility-not infected	Directly from the literature	0.78	York CHE ^[19]
Utility-infected	Directly from the literature	0.62	Literature
LOS-successful treatment	In the inpatients' prognosis data, for successful treated (patients who were cured or improved) and	10.91 days	Calculated from the data of the tier-3 hospital
LOS-unsuccessful treatment	unsuccessfully treated (patients who remained infected or died)	10.40 days	Calculated from the data of the tier-3 hospital
Additional LOS for mortality	Derived based on the difference in average LOS with the discharge outcome of death (27.54 days) and non-death (23.17 days)	4.37 days	Calculated from the data of the tier-3 hospital
Daily hospitalization cost	The total per patient average of laboratory costs, hospital costs, and medication costs for 10,905 inpatients, adjusted with CPI.	* ¥3062.73 (US\$439.81)	Calculated from the data of the tier-3 hospital
Treatment efficacy -pip/taz	Directly from the literature	0.83	Literature
Treatment efficacy-meropenem	Directly from the literature	0.87	Literature

Treatment efficacy-CAZ-AVI	Assumption	0.90	Assumed
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CHE: Centre for Health Economics; LOS: length of stay; pip/taz: piperacillin-tazobactam; CAZ-AVI: Cefazidime/Avibactam

*Exchange rate: ¥1= US\$0.1436 (9 Dec 2022)

Table B.3 The derivation of baseline resistance specific inputs.

	<i>E. Coli</i>	<i>Klebsiella spp.</i>	<i>P. aeruginosa</i>
Number of infections	3701	3657	3547
Number of antibiotic-resistant cases	Pip/taz	107	1430
	Meropenem	74	1361
	CAZ-AVI	/	/
Resistance Rate	Pip/taz	2.89%	39.10%
	Meropenem	2.00%	37.22%
	CAZ-AVI	0.00%	0.00%

pip/taz: piperacillin-tazobactam; CAZ-AVI: Cefazidime/Avibactam; *E. coli*: *Escherichia coli*; *P. aeruginosa*: *Pseudomonas aeruginosa*