

SUPPLEMENTARY MATERIAL

Burden of Illness of Type 2 Diabetes Mellitus in the Kingdom of Saudi Arabia: A Five-Year Longitudinal Study

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Supplementary tables

Supplementary Table 1: Economic input parameters used in the CDM

Variable	Description	Value (SAR)	References/Notes
Management costs			
Annual statins treatment	Annual cost for statin treatment (applied if patient is on 1° or 2° prevention)	41.23	Cost from NUPCO. Weighted average cost of different Statins prescribed in Saudi as per published source
Annual aspirin treatment	Annual cost for aspirin treatment (applied if patient is on 1° or 2° prevention)	30.88	Cost from SFDA. Adult dose of Aspirin 300 mg (SAR3.5, 30 Pack), CIF price calculated by applying pharmacist (20%) and local distributor markups (15%)
Annual ACE inhibitor treatment	Annual cost for ACE inhibitor treatment (applied if patient is on 1° or 2° prevention)	59.76	Cost from NUPCO. weighted average cost of different ACE-I/ARB prescribed in Saudi
Annual screening for MA	Annual cost for MA screening (applied if patient is screened)	160.00	MoH service cost list, Cost of "combination of urine albumin and protein ratio (microalbumin)" SAR 160- single test is considered annually
Annual screening for GRP	Annual cost for MA (applied if patient is screened)	40.00	MoH service cost list, Cost of "urine protein" SAR 40, single test is considered annually
ACE inhibitor treatment discontinuation due to AEs	One off-event cost for stopping treatment with ACE inhibitors or ARB due to AEs	75.00	MoH service cost list, Assumption of one-time general physician visit cost is considered
Screening for retinopathy	Cost for an ophthalmologist visit for eye screening in diabetes-related diseases (assumed annual)	254.00	MoH service cost list, Cost of "Examination- eye" (SAR 104) and "ophthalmology cons fee consultation" (SAR 150)- single unit is considered annually

Direct cost of complications			
MI (1 st year)	Annual costs applied in the year MI occurs	65,273.30	[1]
MI (2 nd year)	Annual costs applied in the years after MI occurs	4,603.89	Assumed same as 1 st year
Angina (1 st year)	Annual costs applied in the year unstable angina occurs	46,682.45	[2] Assuming cost of unstable angina for 1 st year
Angina (2 nd + year)	Annual costs applied in the years after angina occurs	4,603.89	[3]
CHF (1 st year)	Annual costs applied in the year CHF occurs	133,759.51	[1]
CHF (2 nd year)	Annual costs applied in the years after CHF occurs	4,603.89	Assumed same as 2 nd year cost of angina
Stroke (1 st year)	Annual costs applied in the year stroke occurs	172,564.33	[1]
Stroke (2 nd year)	Annual costs applied in the years after stroke occurs	57,102.43	[1] Assumed the annual cost of acute stroke rehabilitation 2 nd year onwards
Stroke death within 30 days	Annual costs applied in the year stroke occurs and subject dies within 30 days	21,000.00	Considered cost of hospitalization for next 30 days as proxy indicator for stroke death within 30 days
PVD (1 st year)	Annual costs applied in the year PVD occurs	21,819.38	[3]
PVD (2 nd year)	Annual costs applied in the years after PVD occurs	4,603.89	Assumed same as 2 nd year cost of angina
Hemodialysis (1 st year)	Annual costs applied in the	343,892.83	[4]

	year ESRD occurs and is treated by hemodialysis		
Hemodialysis (2 nd year)	Annual costs applied in the year after ESRD occurs and is treated by hemodialysis	343,896.01	Calculated by subtracting the 1 st year cost from 4 year cost available in the literature and then divided by 3 assuming same cost is incurred in next 3 years
Peritoneal Dialysis (1 st year)	Annual costs applied in the year ESRD occurs and is treated by peritoneal dialysis	343,892.83	Assumed same as annual cost for HD
Peritoneal Dialysis (2 nd year)	Annual costs applied in the year after ESRD occurs and is treated by peritoneal dialysis	343,896.01	Assumed same as annual cost for HD
Renal transplant (1 st year)	Annual costs applied in the year ESRD occurs and is treated by renal transplant	414,392.25	[4]
Renal transplant (2 nd year)	Annual costs applied in the year after ESRD occurs and is treated by renal transplant	61,726.02	[4]
Non-severe hypoglycaemia	Cost for a non-severe hypoglycaemic event (not requiring external assistance)	750.0	Cost per service captured from MoH service cost list and NUPCO. Cost calculated based on discussion with MoH (including SMBG, test strips and lancets)
Severe hypoglycaemia Type 1	Cost for a type 1 severe hypoglycaemic	121.68	Cost per service captured from MoH service cost list and NUPCO.

	event (not requiring medical assistance. e.g. from friends or family members)		Cost assumed similar to NSHE (plus additional cost for glucagon hydrochloride)
Severe hypoglycaemia type 2	Costs for a type 2 severe hypoglycaemic event (requiring medical assistance e.g. health care practitioners, hospitalization)	1,711.90	Cost per service captured from MoH service cost list and drug cost from NUPCO. Based on discussion with MoH
Diabetic ketoacidosis		3,929.40	[5] Service costs obtained from MoH service cost list
Laser treatment	Cost for laser treatment/retinal photocoagulation	4,139.93	[3]
Cataract surgical treatment (1 st year)	Cost for first or second cataract surgery in the first year	7,445.63	[3]
Cataract surgical treatment (2 nd year)	Cost for subsequent years after cataract surgery	430.00	Using proxy services available in MoH price list: Removal post cataract suture/or corneal suture removal" (SAR 280) + "Ophthalmologist consultation" (SAR150)
Blindness (1 st year)	Annual cost applied in the year blindness occurs	5,792.78	Average of laser treatment cost and cost of cataract operation
Blindness (2 nd year)	Annual cost applied in the year after blindness occurs	5,792.78	Considered same as cost of blindness treatment in year of onset
Neuropathy (1 st year)	Annual cost applied in the year neuropathy occurs	1,631.05	Cost per service captured from MoH service cost list and SFDA.
Neuropathy (2 nd year)	Annual cost applied in the year after neuropathy occurs	1,631.05	Assumed same as 1 st year

Active ulcer		6,684.90	[6] Per patient cost of diabetic foot ulcer (SAR 6684.9) specific to Saudi
Amputation	Cost of amputation event (all medical costs except prosthesis)	14,690.50	[3]
Post amputation	Annual cost applied in the year after ulcer is healed and treated with amputation	8,801.81	[3]

ACE-I angiotensin converting enzyme inhibitor, *AE* adverse events, *ARB* angiotensin receptor blocker, *CDM* Core Diabetes Model, *CIF* cost, insurance, and freight, *CHF* congestive heart failure, *ESRD* end-stage renal disease, *GRP* gross renal proteinuria, *HD* hemodialysis, *MA* microalbuminuria, *MI* myocardial infarction, *MoH* Ministry of Health, *NUPCO* National Unified Procurement Company, *PVD* peripheral vascular disease, *SAR* Saudi Arabian Riyal, *SFDA* Saudi Food and Drug Authority, *SMBG* self-monitoring blood glucose.

Supplementary Table 2: Sensitivity and specificity of screening tests associated with T2DM-related complications

Parameter	Value	Source
Sensitivity eye screening	0.987	[7]
Specificity eye screening	0.800	[7]
Sensitivity GRP screening	1.000	[8]
Sensitivity MA screening	1.000	[8]
Specificity MA screening	0.913	[8]

GRP gross renal proteinuria, *MA* microalbuminuria.

Supplementary Table 3: Utility inputs used for the CDM

Quality of life utilities	Mean	SE/SD	Sources/Comments
U T2 no complications	0.7850	0.0531	[9]
DisU MI event	-0.05500	0.00660	[9]
U post MI	0.7300	0.0066	[9]
U angina	0.6950	0.0184	[9]
U CHF	0.6770	0.0306	[9]
DisU stroke event	-0.16400	0.03010	[9]
U post Stroke	0.6210	0.0301	[9]
U PVD	0.7240	0.0286	[9]
U MA	0.7850	0.0531	[9]
U GRP	0.7370	0.0219	[9]
U HD	0.6210	0.0561	[9]
U PD	0.5810	0.1378	[9]
U RT	0.7620	0.0531	[9]
U BDR	0.7450	0.0617	[9]
U BDR wrongly treated	0.7450	0.0617	[9]
U PDR laser treated	0.7150	0.0148	[9]
U PDR no Laser	0.7150	0.0148	[9]
U ME	0.7450	0.0133	[9]
U SVL	0.7110	0.0250	[9]
U cataract	0.7690	0.0077	[9]
U neuropathy	0.7010	0.0138	[9]
DisU active ulcer	-0.17000	0.01890	[9]
DisU amputation event	-0.28000	0.05610	[9]
U post amputation	0.5050	0.0561	-
Diminishing NSHE disutility	Yes		[10]
DisU NSHE (during daytime)	-0.00335	0.00100	[11]
DisU NSHE (nocturnal)	-0.00335	0.00100	[11]
Dis U SHE 1 (during daytime)	-0.01370	0.00100	[11]
Dis U SHE 1 (nocturnal)	-0.01370	0.00100	[11]
Dis U SHE 2 (during daytime)	-0.05780	0.00100	[11]

Dis U SHE 2 (nocturnal)	-0.05780	0.00100	[11]
U adverse event 1	0.78500	-	[9]
BMI utility approach	Apply static BMI disutility		-
DisU for 1 unit increase in BMI above 25 Kg/m ²	-0.00610	-	[12]

BDR background retinopathy, *BMI* body mass index, *CHF* congestive heart failure, *DisU* disutility of an event, *GRP* gross renal proteinuria, *HD* haemodialysis, *MA* microalbuminuria, *ME* macular oedema, *MI* myocardial infarction, *NSHE* non-severe hypoglycaemia, *Oz* ounce, *PD* peritoneal dialysis, *PDR* proliferative diabetic retinopathy, *PVD* peripheral vascular, *RT* renal transplant, *SE* standard error, *SD* standard deviation, *SHE1* severe hypoglycaemia event (requiring non-medical assistance), *SHE2* severe hypoglycaemia event (requiring medical assistance), *SVL* severe vision loss, *T2* Type 2 diabetes mellitus, *U* health state utility

Supplementary Table 4 Baseline demographics, risk factors and existing complications of the main population

Parameters	Description	Overall (N=2226)
Gender	Male	1085 (48.8%)
	Female	1139 (51.2%)
	Missing (n)	2
Start age of T2DM	N	2109
	Mean (SD), (years)	47.8 (11.1)
	Missing (n)	117
Time of follow-up ^a	N	2157
	Mean (SD), (years)	8.3 (1.5)
	Missing (n)	69
Ethnic group	Arab/Saudi	1347 (71.2%)
	White	272 (14.4%)
	Black	33 (1.7%)
	Hispanic	0 (0.0%)
	Native American	1 (0.1%)
	Asian/Pacific Islander	232 (12.3%)
	Other	7 (0.4%)
	Missing (n)	334
Family history of T2DM	Yes	651 (73.5%)
	No	235 (26.5%)
	Missing (n)	1340
Alcohol consumption status at initial diagnosis of T2DM	Never	1372 (100.0%)
	Current	0 (0.0%)
	Former	0 (0.0%)
	Missing (n)	854
Weekly alcohol consumption ^b	N	0
	Mean (SD), (oz/week)	NA
	Missing (n)	0
Smoking status at initial diagnosis of T2DM	Never	1085 (90.7%)
	Current	87 (7.3%)
	Former	24 (2.0%)
	Missing (n)	1030
Number of cigarettes smoked per day ^b	N	43
	Mean (SD)	13.9 (6.9)
	Missing (n)	68
Pack years ^b	N	42
	Mean (SD)	8.6 (5.9)

	Missing (n)	69
BMI	N	1244
	Mean (SD), (numerical, kg/m ²)	31.0 (5.8)
	Missing (n)	982
BMI (categorical)	Underweight	5 (0.4%)
	Normal weight	156 (12.5%)
	Overweight	430 (34.6%)
	Obesity	653 (52.5%)
	Missing (n)	982
Waist-to-hip ratio	N	112
	Mean (SD)	0.88 (0.056)
	Missing (n)	2114
Heart rate	N	886
	Mean (SD), (bpm)	84.7 (9.7)
	Missing (n)	1340
SBP	N	1060
	Mean (SD), (mmHg)	134.8 (16.9)
	Missing (n)	1166
DBP	N	1060
	Mean (SD), (mmHg)	79.2 (9.1)
	Missing (n)	1166
Baseline laboratory data and complications		
Haemoglobin ^c	N	390
	Mean (SD), (g/dL)	13.9 (1.9)
	Missing (n)	1836
WBC ^d	N	388
	Mean (SD), (10 ⁶ /mL)	7.2 (2.3)
	Missing (n)	1838
HbA1c ^e	N	1055
	Mean (SD), (%)	9.0 (2.1)
	Missing (n)	1173
Serum creatinine ^f	N	461
	Mean (SD), (mg/dL)	0.81 (0.23)
	Missing (n)	1767
Serum albumin ^g	N	264
	Mean (SD), (g/dL)	3.8 (0.52)
	Missing (n)	1962
T-Chol ^h	N	565
	Mean (SD), (mg/dL)	191.2 (46.7)
	Missing (n)	1663
HDL ^h	N	400
	Mean (SD), (mg/dL)	43.9 (16.5)

	Missing (n)	1828
LDL ^h	N	461
	Mean (SD), (mg/dL)	124.4 (40.1)
	Missing (n)	1767
TRIG ⁱ	N	737
	Mean (SD), (mg/dL)	183.6 (171.3)
	Missing (n)	1491
eGFR	N	10
	Mean (SD), (mL/min/1.73 m ²)	105.3 (35.2)
	Missing (n)	2216
UACR ^j	N	12
	Mean (SD), (mg/mmol)	48.6 (60.4)
	Missing (n)	2214
Baseline existing complications of patients		
Cardiovascular	Yes	106 (5.5%)
	No	1828 (94.5%)
	Missing (n)	292
Cardiovascular subcategory ^k	MI	22 (1.1%)
	Angina	10 (0.5%)
	PVD	2 (0.1%)
	Stroke	4 (0.2%)
	CHF	14 (0.7%)
	Atrial fibrillation	4 (0.2%)
	LVH	1 (0.1%)
	Unknown	49 (2.5%)
Renal	Yes	16 (0.8%)
	No	1912 (99.2%)
	Missing (n)	298
Renal subcategory ^k	MA	1 (0.1%)
	GRP	0 (0.0%)
	ESRD	1 (0.1%)
	Unknown	14 (0.7%)
Ocular	Yes	80 (4.2%)
	No	1846 (95.8%)
	Missing (n)	300
Ocular subcategory ^k	BDR	4 (0.2%)
	PDR	11 (0.6%)
	SVL	16 (0.8%)
	ME	0 (0.0%)
	Cataract	35 (1.8%)
	Unknown	15 (0.8%)
Foot ulcer	Yes	14 (0.7%)
	No	1910 (99.3%)

	Missing (n)	302
Foot ulcer subcategory ^k	Uninfected foot ulcer	4 (0.2%)
	Infected foot ulcer	1 (0.1%)
	Healed foot ulcer	2 (0.1%)
	History of lower limb amputation	0 (0.0%)
	Unknown	7 (0.4%)
Foot ulcer subcategory (aggregated) ^k	Foot ulcer (any type)	7 (0.4%)
Neuropathy	Yes	29 (1.5%)
	No	1886 (98.5%)
	Missing (n)	311

bpm beats per minute, *BMI* body mass index, *CHF* congestive heart failure, *DBP* diastolic blood pressure, *eGFR* estimated glomerular filtration rate, *ESRD* end-stage renal disease, *GRP* gross renal proteinuria, *HbA1c* haemoglobin A1c, *HDL* high-density lipoprotein, *LDL* low-density lipoprotein, *LVH* left ventricular failure *MA* microalbuminuria, *ME* macular oedema, *MI* myocardial infarction, *N* Total number of patients with available data, *NA* not applicable, *oz* ounce, *PDR* proliferative diabetic retinopathy, *PVD* peripheral vascular disease, *Q* quartile, *SBP* systolic blood pressure, *SD* standard deviation, *SVL* severe visual loss, *T2DM* type 2 diabetes mellitus, *TRIG* triglycerides, *UACR* urinary albumin creatinine ratio, *WBC* white blood cell count.

^a Time between diagnosis of T2DM and SIV.

^b For current and former consumers.

^c Only values in g/dL are used (values in mmol/L inconsistent). Values >100 g/dL are discarded.

^d Values greater than 30×10^6 /mL are discarded.

^e Values in mmol/L converted as % = $(18.015 \times \text{mmol/L} + 46.7) / 28.7$. Two patients with values 60 and 807 mmol/L are discarded.

^f Only values in mg/dL are used (values in micromole/L inconsistent). Values greater than 3.4 mg/dL are discarded.

^g Only values in g/dL are used (values in micromole/L and g/L inconsistent). Values greater than 30 g/dL are discarded.

^h Values in micromole/L converted as 1 micromol/L = 38.67 g/dL. Values lower than 10 or greater than 2000 g/dL are discarded.

ⁱ Values in micromole/L converted as 1 micromol/L = 88.57 g/dL. Values lower than 10 or greater than 6000 g/dL are discarded.

^j Two values reported in mmol/L, eight in mg/dL, two in missing units. Since no conversion can be made, they are reported as if they all were in mg/mmol.

^k Multi-response question. Denominators for % calculation exclude patients with missing value in the main category.

Supplementary Table 5: Description of T2DM treatments including monotherapy or combinations (by LoT)

Type of drugs and ATC codes	Drug class	Values
<i>Monotherapy or combinations used during 2nd LoT</i>		
ATC codes ^a	Drug class	2 nd LoT (N=352) ^b
A10BH	DPP-4 inhibitors	120 (34.1%)
A10BB	Sulphonylureas	57 (16.2%)
A10AE	Long-acting insulins	36 (10.2%)
A10BB + A10BH	Sulphonylureas + DPP-4 inhibitors	16 (4.5%)
A10BA	Biguanides	15 (4.3%)
A10AB + A10AE	Fast-acting insulins + long-acting insulins	14 (4.0%)
A10AD	Intermediate or long-acting insulins combined with fast-acting	14 (4.0%)
A10AB	Fast-acting insulins	12 (3.4%)
A10AC	Intermediate-acting insulins	11 (3.1%)
A10BJ	GLP-1 analogues	8 (2.3%)
A10AE + A10BB	Long-acting insulins + sulphonylureas	5 (1.4%)
A10AE + A10BH	Long-acting insulins + DPP-4 inhibitors	5 (1.4%)
A10BA + A10BH	Biguanides + DPP-4 inhibitors	4 (1.1%)
A10BK	SGLT2 inhibitors	4 (1.1%)
Other regimens		31 (8.8%)
<i>Monotherapy or combinations used during both 1st and 2nd LoT</i>		
ATC codes ^c	Drug class	1 st and 2 nd LoT (N=352) ^b
A10BA + A10BB, A10BH	Biguanides + sulphonylureas, DPP-4 inhibitors	85 (24.1%)
A10BA, A10BB	Biguanides, sulphonylureas	27 (7.7%)
A10BA, A10BH	Biguanides, DPP-4 inhibitors	18 (5.1%)
A10BA + A10BB + A10BH, A10AE	Biguanides + sulphonylureas + DPP-4 inhibitors, long-acting insulins	16 (4.5%)
A10BA + A10BB, A10BB	Biguanides + sulphonylureas, sulphonylureas	16 (4.5%)
A10BA + A10BB, A10AE	Biguanides + sulphonylureas, long-acting insulins	15 (4.3%)
A10BA, A10BB + A10BH	Biguanides, sulphonylureas + DPP-4 inhibitors	8 (2.3%)
A10BA + A10BB, A10AD	Biguanides + sulphonylureas, premixed insulins	7 (2.0%)
A10BA + A10BB + A10BH, A10BH	Biguanides + sulphonylureas + DPP-4 inhibitors, DPP-4 inhibitors	6 (1.7%)
A10BA + A10BB, A10AB + A10AE	Biguanides + sulphonylureas, fast-acting insulins + long-acting insulins	6 (1.7%)

Other regimens	148 (42.0%)
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ATC anatomical therapeutic chemical, *DPP-4* dipeptidyl peptidase 4, *GLP-1* glucagon-like peptide-1, *LoT* line of therapy, *SGLT2* sodium-glucose co-transporter 2, *T2DM* type 2 diabetes mellitus.

^a Only regimens present in at least 1% of patients with a 2nd LoT will be reported. Some T2DM treatments, present in a low number of patients, may be included only in 'Other regimens' because of this.

^b Only for patients with a 1st and 2nd line of T2DM treatment (insulins and other blood glucoses lowering drugs).

^c Only regimens present in at least 1.5% of patients with a 1st and 2nd LoT will be reported.

Supplementary Table 6: Proportion of patients using other treatments and screening tests stratified by with or without CVD history at baseline

Type of therapy ^a	Values, N (%)
Use of concomitant medications	
Patients without cardiovascular disease history, (N=598) ^b	
Statins	397 (66.4%)
Aspirin	296 (49.5%)
ACE-I/ARB	140 (23.4%)
Patients with cardiovascular disease history, (N=35) ^b	
Statins	21 (60.0%)
Aspirin	23 (65.7%)
ACE-I/ARB	12 (34.3%)
Screening tests and patient management proportions	
Screened for eye disease	
Yes	391 (61.3%)
No	247 (38.7%)
Screened for renal disease	
Yes	14 (2.2%)
No	624 (97.8%)
Received intensive insulin after MI	
Yes	0 (0.0%)
No	2 (100.0%)

ACE-I angiotensin converting enzyme inhibitor, *ARB* angiotensin receptor blocker, *CVD* cardiovascular disease, *MI* myocardial infarction.

^a Multi-response variable.

^b Patients with missing information excluded. Only treatments with valid start date included.

Supplementary Table 7: Description of number and cost of screening tests during follow-up per-patient per year

Parameters	Description	Overall (N=638)
Presence of eye screening	Yes	391 (61.3%)
	No	247 (38.7%)
Frequency of eye screening ^a	N	388
	Mean (SD), (number/year)	0.51 (0.29)
	Median [Q1, Q3], (number/year)	0.493 [0.32, 0.602]
	(Range)	(0.095, 1.68)
	Missing (n)	3
Cost for eye screening ^{a,b}	N	388
	Mean (SD), (SAR/year)	129.4 (73.6)
	Median [Q1, Q3], (SAR/year)	125.2 [81.3, 153.0]
	(Range)	(24.1, 426.2)
	Missing (n)	3
Presence of foot care	Yes	380 (59.6%)
	No	258 (40.4%)
Frequency of foot care ^a	N	379
	Mean (SD), (number/year)	0.686 (0.476)
	Median [Q1, Q3], (number/year)	0.534 [0.235, 1.18]
	(Range)	(0.0941, 1.99)
	Missing (n)	1
Cost for foot care ^{a,c}	N	379
	Mean (SD), (SAR/year)	514.5 (356.7)
	Median [Q1, Q3], (SAR/year)	400.2 [176.2, 887.0]
	(Range)	(70.6, 1494.7)
	Missing (n)	1
Presence of MA testing	Yes	13 (2.0%)
	No	625 (98.0%)
Frequency of MA test ^a	N	13
	Mean (SD), (number/year)	0.137 (0.0226)
	Median [Q1, Q3], (number/year)	0.128 [0.118, 0.154]
	(Range)	(0.103, 0.168)
	Missing (n)	0

Cost for MA test ^{a,d}	N	13
	Mean (SD), (SAR/year)	21.9 (3.62)
	Median [Q1, Q3], (SAR/year)	20.5 [19.0, 24.7]
	(Range)	(16.4, 26.9)
	Missing (n)	0
Presence of GRP	Yes	5 (0.8%)
	No	633 (99.2%)
Frequency of GRP test ^a	N	5
	Mean (SD), (number/year)	0.147 (0.0242)
	Median [Q1, Q3], (number/year)	0.154 [0.128, 0.168]
	(Range)	(0.115, 0.168)
	Missing (n)	0
Cost for GRP test ^{a,e}	N	5
	Mean (SD), (SAR/year)	5.87 (0.968)
	Median [Q1, Q3], (SAR/year)	6.16 [5.13, 6.73]
	(Range)	(4.6, 6.73)
	Missing (n)	0
Presence of electrocardiogram	Yes	91 (14.3%)
	No	547 (85.7%)
Frequency of electrocardiogram ^a	N	91
	Mean (SD), (number/year)	0.153 (0.0792)
	Median [Q1, Q3], (number/year)	0.12 [0.118, 0.142]
	(Range)	(0.0922, 0.501)
	Missing (n)	0
Cost for electrocardiogram ^{a,f}	N	91
	Mean (SD), (SAR/year)	22.9 (11.9)
	Median [Q1, Q3], (SAR/year)	18.0 [17.8, 21.3]
	(Range)	(13.8, 75.1)
	Missing (n)	0
Presence of other screening	Yes	3 (0.5%)
	No	635 (99.5%)
Frequency of other screening ^a	N	2
	Mean (SD), (number/year)	0.146 (0.0066)

	Median [Q1, Q3], (number/year)	0.146 [0.143, 0.148]
	(Range)	(0.141, 0.15)
	Missing (n)	1

GRP gross renal proteinuria, *MA* microalbuminuria, *N* Total number of patients with available data, *Q1* quartile 1, *Q3* quartile 3, *SAR* Saudi Arabian Riyal, *SD* standard deviation.

^a Patients not having this type of screening, are not included.

^b Cost of eye screening estimated as 254 SAR.

^c Cost of foot care estimated as 750 SAR.

^d Cost of MA test estimated as 160 SAR.

^e Cost of GRP test estimated as 40 SAR.

^f Cost of electrocardiogram estimated as 150 SAR.

Supplementary Table 8: Annual treatment cost (SAR) inputs of the most common 1st LoT for T2DM

Regimen, ATC codes	Drugs	Annual drug cost	SMBG cost ^a	Total annual costs
Regimen 1: A10BA + A10BB	Biguanides + sulphonylureas	468.83	-	468.83
Regimen 2: A10BA	Biguanides	350.24	-	350.24
Regimen 3: A10BA + A10BB + A10BH	Biguanides + sulphonylureas + DPP-4 inhibitors	4,486.58	-	4,486.58
Regimen 4: A10AB + A10AE	Fast-acting insulins + long-acting insulins	2,408.59	1,976.73	4,385.32
Regimen 5: A10BA + A10BH	Biguanides + DPP-4 inhibitors	4,367.99	-	4,367.99
Regimen 6: A10AD + A10BA	Premixed insulins + biguanides	1,606.70	1,976.73	3,583.44
Regimen 7: A10AB + A10AE + A10BA	Fast-acting insulins + long-acting insulins + biguanides	2,758.83	1,976.73	4,735.56
Regimen 8: A10AE	Long-acting insulins	1,267.86	658.91	1,926.77

ATC anatomical therapeutic chemical, DPP-4 dipeptidyl peptidase 4, LoT line of therapy, SAR Saudi Arabian Riyal, SMBG self-monitoring blood glucose, T2DM type 2 diabetes mellitus.

^a Including cost of blood glucose test strip and lancets.

Supplementary Table 9: Predicted event rates of T2DM-related complications per 1000 patient-years calculated with CDM

Event rate per 1000 patient-years	Regimens							
	1	2	3	4	5	6	7	8
Renal disease								
MA	12.48	8.69	9.97	16.49	12.24	22.73	17.73	16.72
GRP	2.67	1.33	1.68	4.74	2.71	9.80	5.76	4.69
ESRD	0.43	0.16	0.23	1.02	0.46	3.19	1.39	0.99
Cardiovascular disease								
PVD	6.13	4.99	5.22	7.38	5.77	9.80	7.14	6.97
HF	6.36	6.69	6.10	7.35	6.86	10.17	8.25	7.19
Angina	8.45	7.03	7.63	8.98	6.54	9.85	9.32	9.90
Stroke	4.17	3.73	3.75	4.56	4.02	5.07	4.25	4.65
Ocular disease								
BDR	13.74	9.76	11.09	17.45	13.54	23.64	18.68	18.12
PDR	2.69	1.36	1.73	4.33	2.72	8.13	4.95	4.55
ME	11.36	7.91	8.99	14.66	11.17	20.46	15.72	15.18
SVL	6.27	4.10	4.86	8.58	6.21	12.71	9.33	9.30
Cataract	5.83	4.92	5.29	6.62	5.74	8.37	7.05	6.56
Ulcer/amputation/neuropathy								
Ulcer	1.45	1.49	1.38	1.70	1.51	2.49	2.04	1.77
Recurrent ulcer	1.35	1.38	1.29	1.56	1.39	2.20	1.83	1.61
1 st Amputation	0.38	0.38	0.36	0.47	0.39	0.71	0.54	0.48
2 nd Amputation	0.14	0.12	0.13	0.17	0.14	0.25	0.20	0.17
Neuropathy	28.04	24.09	25.36	30.80	27.85	35.68	31.85	30.67
Hypoglycaemia								
NSHE	34.58	0.00	183.96	3152.18	149.35	1,323.90	2,988.84	3,434.65
SHE1	34.50	0.00	34.61	21.65	11.53	5.39	15.94	10.41
SHE2	1.76	0.00	3.15	2.22	1.50	0.36	1.52	0.95

CDM Core Diabetes Model, *BDR* background diabetic retinopathy, *ESRD* end-stage renal disease, *GRP* gross renal proteinuria, *HF* heart failure, *MA* microalbuminuria, *ME* macular oedema, *NSHE* non-severe hypoglycaemia, *PDR* proliferative diabetic retinopathy, *PVD* peripheral vascular disease, *SHE1* severe hypoglycaemia (requiring non-medical assistance), *SHE2* severe hypoglycaemia (requiring medical assistance), *SVL* severe visual loss, *T2DM* type 2 diabetes mellitus.

Regimen 1: A10BA + A10BB = Biguanides + Sulphonylureas.

Regimen 2: A10BA = Biguanides.

Regimen 3: A10BA + A10BB + A10BH = Biguanides + Sulphonylureas + DPP-4 inhibitors.

Regimen 4: A10AB + A10AE = Fast-acting insulins + Long-acting insulins.

Regimen 5: A10BA + A10BH = Biguanides + DPP-4 inhibitors.

Regimen 6: A10AD + A10BA = Premixed insulins + Biguanides.

Regimen 7: A10AB + A10AE + A10BA = Fast-acting insulins + Long-acting insulins + Biguanides.

Regimen 8: A10AE = Long-acting insulins.

References

1. Almalki Z, Alatawi Y, Alharbi A, et al. Cost-Effectiveness of More Intensive Blood Pressure Treatment in Patients with High Risk of Cardiovascular Disease in Saudi Arabia: A Modelling Study of Meta-Analysis. *Int J Hypertens*. 2019;2019:6019401.
2. Osman AM, Alsultan MS, Al-Mutairi MA. The burden of ischemic heart disease at a major cardiac center in Central Saudi Arabia. *Saudi Med J*. 2011;32(12):1279-84.
3. Hnoosh A, Vega-Hernández G, Jugrin A, Todorova L. PDB45 Direct medical costs of diabetes-related complications in Saudi Arabia. *Value in Health*. 2012;15(4):A178.
4. Al-Jedai A, Alsultan M, Almeshari K, et al. Cost analysis of kidney transplantation in highly sensitized recipients compared to intermittent maintenance hemodialysis. *Ann Transplant*. 2012;17(4):82-91.
5. Alotaibi A, Aldoukhi A, Albdah B, Alonazi JA, Alseraya AS, Alrasheed N. Diabetic Ketoacidosis Treatment Outcome and Associated Factors Among Adult Patients Admitted to the Emergency Department and Medical Wards at King Abdulaziz Medical City, Riyadh, Saudi Arabia. *Cureus*. 2020;12(8):e10067.
6. Alshammary S, Othman SA, Alshammari E, et al. Economic impact of diabetic foot ulcers on healthcare in Saudi Arabia: a retrospective study. *Ann Saudi Med*. 2020;40(5):425-35.
7. Aljefri S, Al Adel F. The validity of diabetic retinopathy screening using nonmydriatic fundus camera and optical coherence tomography in comparison to clinical examination. *Saudi Journal of Ophthalmology*. 2020;34(4):266.
8. Hasanato RM. Diagnostic efficacy of random albumin creatinine ratio for detection of micro and macro-albuminuria in type 2 diabetes mellitus. *Saudi medical journal*. 2016;37(3):268.
9. Beaudet A, Clegg J, Thuresson PO, Lloyd A, McEwan P. Review of utility values for economic modeling in type 2 diabetes. *Value Health*. 2014;17(4):462-70.
10. Lauridsen JT, Lønborg J, Gundgaard J, Jensen HH. Diminishing marginal disutility of hypoglycaemic events: results from a time trade-off survey in five countries. *Qual Life Res*. 2014;23(9):2645-50.
11. Foos V, McEwan P. Conversion of Hypoglycemia Utility Decrements from Categorical Units Reflecting Event History into Event Specific Disutility Scores Applicable to Diabetes Decision Models. *Value in Health*. 2018;21:S223.
12. Bagust A, Beale S. Modelling EuroQol health-related utility values for diabetic complications from CODE-2 data. *Health Econ*. 2005;14(3):217-30.