Supplemental Table S7. Economic Benefit of Prescribing RDA DPP4 Inhibitors in Patients with Impaired Kidney Function

Variable	Medical expenditure (2012–2018)			Cost reduction	
	Cost in CKD, $	Model 1, $	Model 2, $	Model 1, %	Model 2, %
CKD-EPI eGFR <60 mL/min/1.73 m^2					
Total	9,941,163.6	–759,186.0	–1,529,494.9	–7.6	–15.4
Outpatient	9,507,536.2	–713,071.4	–1,428,434.6	–7.5	–15.0
Inpatient	261,672.8	–26,727.9	–65,814.1	–10.2	–25.1
CKD-EPI eGFR <45 mL/min/1.73 m^2					
Total	4,800,696.8	–1,081,435.3	–1,885,563.1	–22.5	–39.3
Outpatient	4,525,634.7	–1,019,711.9	–1,764,259.7	–22.5	–39.0
Inpatient	161,269.1	–32,376.6	–73,264.4	–20.1	–45.4
CKD-EPI eGFR <30 mL/min/1.73 m^2					
Total	2,267,541.3	–689,857.2	–1,160,832.6	–30.4	–51.2
Outpatient	2,089,372.9	–641,276.8	–1,071,897.7	–30.7	–51.3
Inpatient	102,428.5	–24,948.5	–54,251.2	–24.3	–52.9

RDA, renal dose-adjusted; DPP4, dipeptidyl peptidase-4; CKD, chronic kidney disease; CKD-EPI, Chronic Kidney Disease Epidemiology Collaboration; eGFR, estimated glomerular filtration rate.