

Table 2 Key model inputs and assumptions

Time period	Model input	Combination therapy	Ranibizumab monotherapy	Laser monotherapy	Source
Year 1	BCVA progression	RESTORE trial data, adjusted for drop-out rates	RESTORE trial data, adjusted for drop-out rates	RESTORE trial data, adjusted for drop-out rates	RESTORE data on file
	Treatment frequency	7 injections + 2 laser sessions, as in RESTORE; drop-outs continue in standard care (i.e. laser therapy)	7 injections; drop-outs continue in standard care (i.e. laser therapy)	2 laser sessions; drop-outs continue in standard care (i.e. laser therapy)	RESTORE data on file
	Monitoring visits	12	12	4	SmPC and expert interview (data on file)
	Adverse events	Negligible	Negligible	Negligible	RESTORE data on file
Year 2	BCVA progression	Equal rates of improvement and worsening (3% in 3 months)	Equal rates of improvement and worsening (3% in 3 months)	Equal rates of improvement and worsening (3% in 3 months)	Supported by DRCR.net and RESTORE data on file
	Treatment frequency	2 injections + 1 laser session	3 injections (no laser)	1 laser session	Supported by DRCR.net

	frequency	session			
	Monitoring visits	8	10	4	Assumption
Year 3	BCVA progression	Constant rates of change of BCVA with a majority of patients having a decline in BCVA	Constant rates of change of BCVA with a majority of patients having a decline in BCVA	Constant rates of change of BCVA with a majority of patients having a decline in BCVA	Calibrated to WESDR data (Supplementary Methods)
	Treatment frequency	No additional ranibizumab; laser therapy as required	No additional ranibizumab; laser therapy as required	Laser therapy as required	Assumption
	Monitoring visits	4	4	4	Assumption
Any year	Cost of blindness	When BCVA ≤ 35 letters is reached in better-seeing eye	When BCVA ≤ 35 letters is reached in better-seeing eye	When BCVA ≤ 35 letters is reached in better-seeing eye	Adapted from costing approach by Meads <i>et al.</i> [16] (Supplementary Table 5)