

Table S6: Net cost per major vascular event avoided with simvastatin plus ezetimibe in SHARP

Major vascular events avoided (per 1000 treated for about 5 years)	Net cost (£) per major vascular event avoided (95% CI) ¹
A. Use of ezetimibe/simvastatin to achieve observed effects in SHARP	
5-year risk of cardiovascular disease at randomization	
<10%	11 135,620 (74,410 to 492,880)
10% - 20%	27 44,930 (24,440 to 167,870)
≥20%	62 14,180 (6,760 to 57,110)
CKD stage at randomization	
3 ²	31 43,270 (24,480 to 155,990)
4	43 29,120 (15,670 to 108,940)
5, not on dialysis	39 26,010 (12,920 to 101,990)
On dialysis	38 26,350 (13,070 to 104,980)
All patients	40 27,890 (14,770 to 106,560)
B. With full adherence to ezetimibe/simvastatin	
5-year risk of cardiovascular disease at randomization	
<10%	16 120,800 (67,570 to 425,610)
10% - 20%	42 39,320 (22,060 to 141,750)
≥20%	102 11,140 (5230 to 44,560)
CKD stage at randomization	
3 ²	44 38,450 (22,380 to 134,710)
4	61 26,210 (14,450 to 95,570)
5, not on dialysis	66 21,040 (10,620 to 80,670)
On dialysis	67 20,350 (10,130 to 79,790)
All patients	63 23,840 (12,930 to 88,960)

CI, confidence interval; Ezetimibe/simvastatin at £1.19/day (UK, 2014); ¹with costs and events discounted at 3.5% per annum; ²83% of participants in this category with chronic kidney disease stage 3b (eGFR ≥30 to <45 ml/min/1.73m²).