**Appendix 2 (as supplied by the authors):** Model calculations TO arm for probability of screening with TO

After the introduction of the new screening intervention, the patient could choose between two screening alternatives, namely in-person examination or TO, or no screening at all. To calculate the screening rate of TO examinations ($P_{(tele)}$), we used the following formula that considered the increased screening compliance after the introduction of TO (V) and the proportion of screening examinations with TO based on screening preference (T), as follows

$$\mathbf{P_{(tele)} = T\ (P_{(ref)}\ x\ V\ )}\ ,\ V \geq 1,\ P_{(tele)} < 1 \qquad (1)$$

In this equation, "$P_{(ref)}$ x V" is the overall screening rate after the introduction of the TO program (in-person examination and TO combined), and "$P_{(tele)}$" is the proportion of those examinations that correspond to TO screening**.**

Both patients' preferences (T) and screening compliance after TO (V) were derived from published literature. For the base-case model, the volume increase in DR examinations after tele-screening (V) was set to 10%, with 40% of patients favoring pharmacy-based TO examination over the comparator.[40] Hence, the screening probability for the TO arm was 0.562.

Appendix to: Coronado AC, Zaric GS, Martin J, et al. Diabetic retinopathy screening with pharmacy-based teleophthalmology in a semiurban setting: a cost-effectiveness analysis. *CMAJ Open* 2016. DOI:10.9778/cmajo.20150085.
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