

Supplemental Online Content

Hutton DW, Glassman AR, Liu D, Sun JK; the DRCR Retina Network. Cost effectiveness of aflibercept monotherapy vs bevacizumab first followed by aflibercept if needed for diabetic macular edema. *JAMA Ophthalmol*. Published online February 2, 2023. doi:10.1001/jamaophthalmol.2022.6142

eFigure 1. Utility Over Time Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema (RESTORE) Utility Mapping Based on the Treated Eye

eFigure 2. Tornado Diagram Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema Utility Mapping Based on the Treated Eye

eFigure 3. Sensitivity to Cost of Treatment Per Dose Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema Utility Mapping Based on the Treated Eye

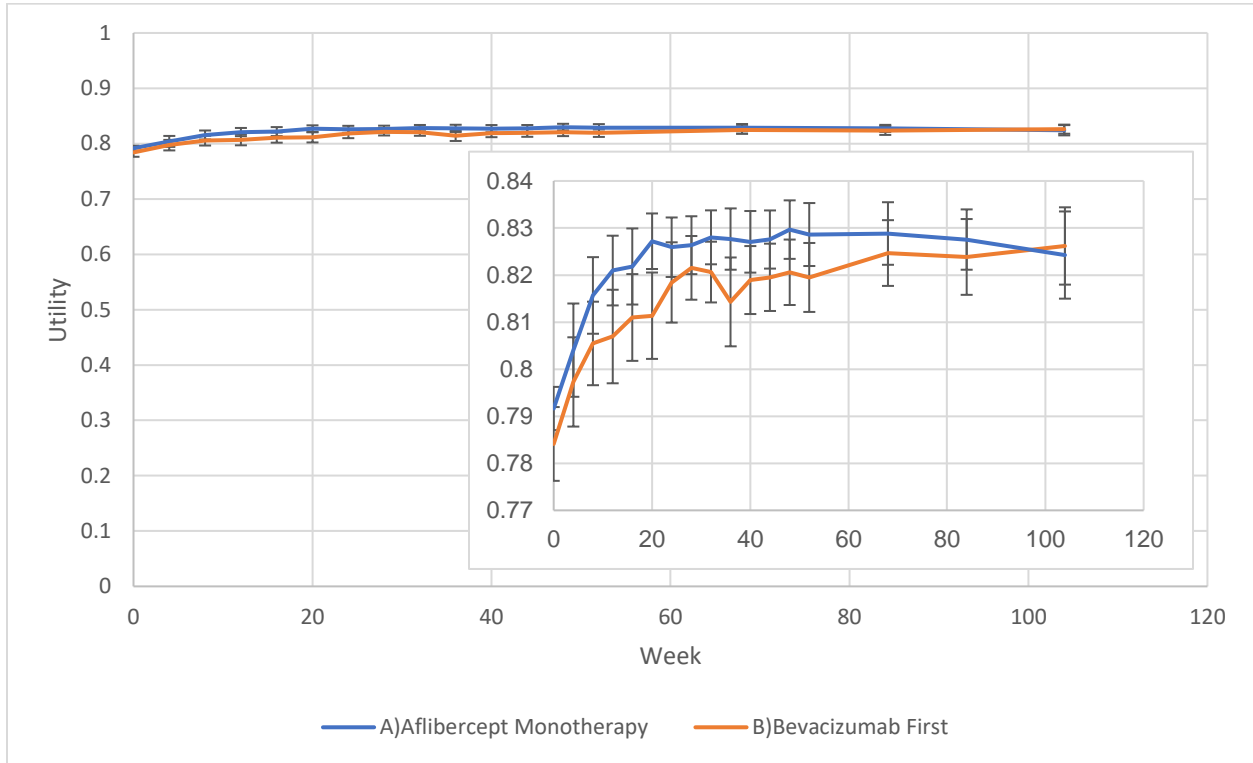
eFigure 4. Cost-Effectiveness Acceptability Curves

eFigure 5. Cost-Effectiveness Acceptability Curves Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema Utility Mapping Based on the Treated Eye

eReferences

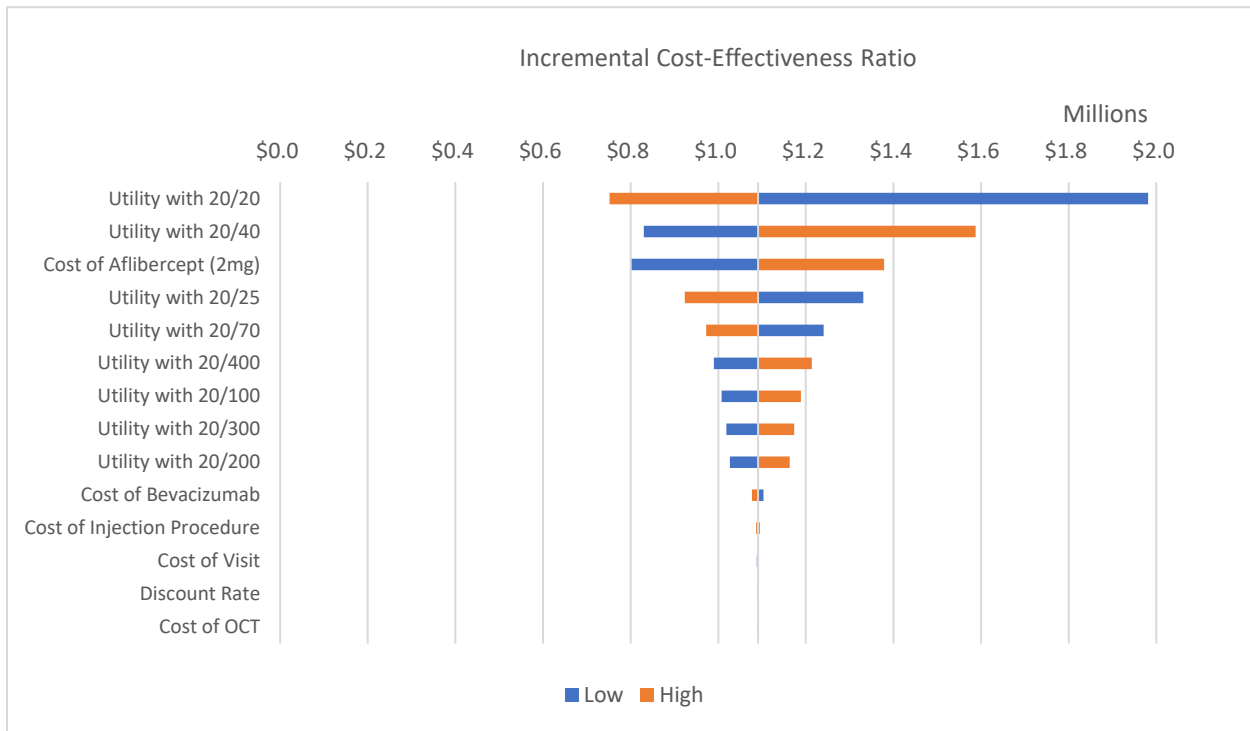
This supplemental material has been provided by the authors to give readers additional information about their work.

eFigure 1. Utility Over Time Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema (RESTORE) Utility Mapping Based on the Treated Eye



Quality-of-life was mapped to visual acuity letter score in the participant's treated eye at each visit using data from data from the RESTORE trial of anti-VEGF therapy for DME.¹ Error bars represent 95% confidence intervals.

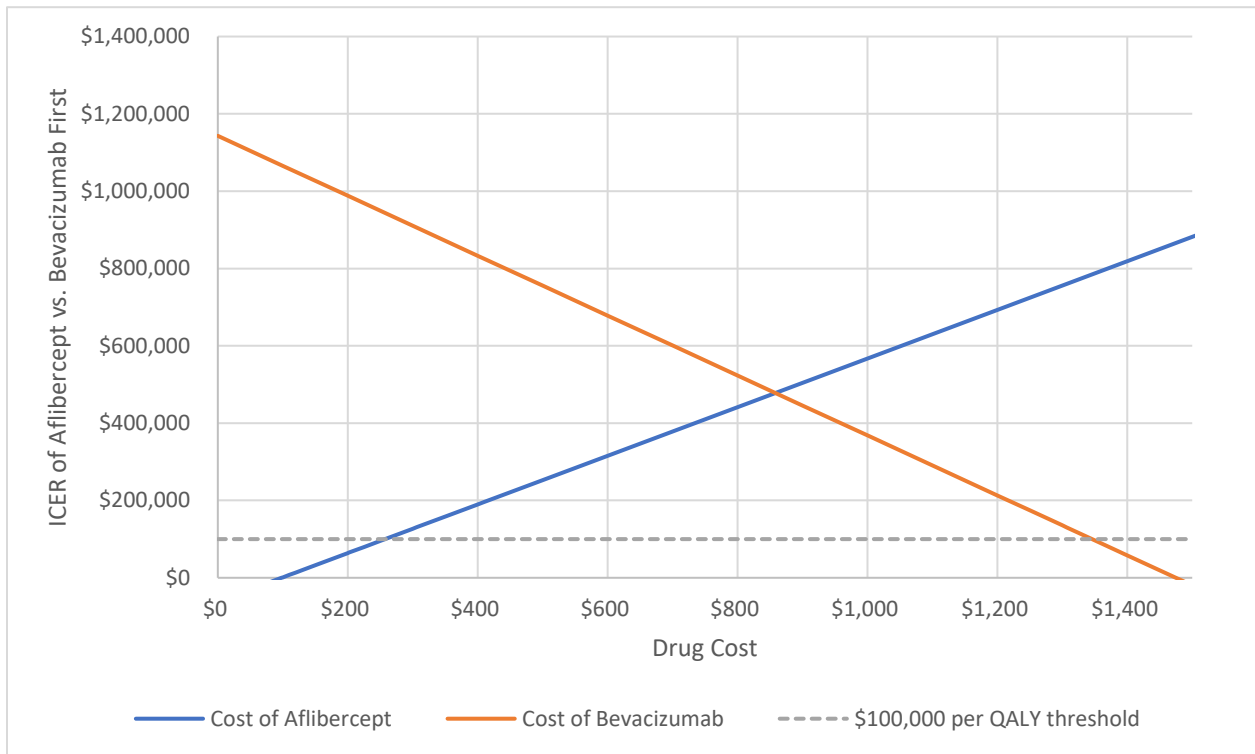
eFigure 2. Tornado Diagram Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema Utility Mapping Based on the Treated Eye



OCT: Optical Coherence Tomography

The tornado diagram shows how the incremental cost-effectiveness ratio on the horizontal axis varies as the individual parameter assumptions (on the vertical axis) vary between the high and low ranges (shown in Table 1).

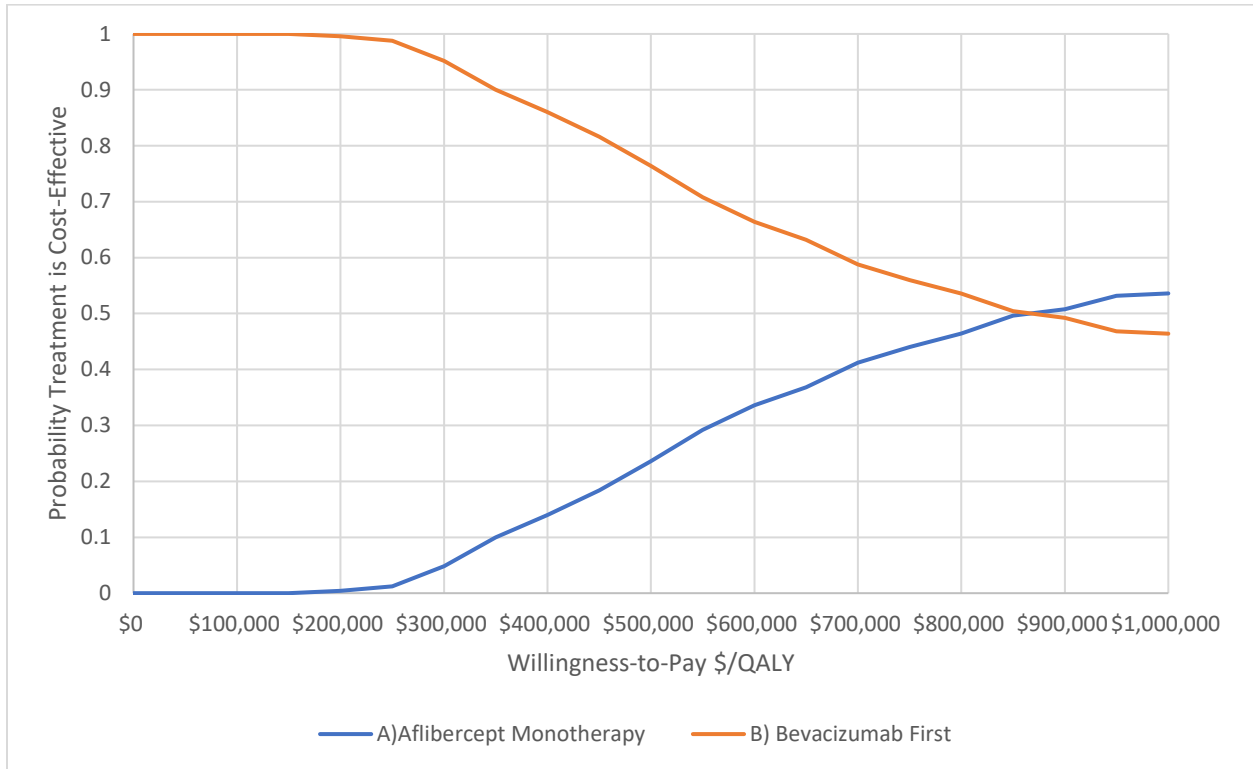
eFigure 3. Sensitivity to Cost of Treatment per Dose Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema Utility Mapping Based on the Treated Eye



ICER: Incremental Cost-Effectiveness Ratio

The lines show the incremental cost-effectiveness ratio (ICER) of aflibercept vs. bevacizumab first (y-axis) at the varying costs of aflibercept and bevacizumab (x-axis). An ICER below \$100,000/QALY is commonly considered meaningful for determining cost-effectiveness in the United States.²⁻⁶

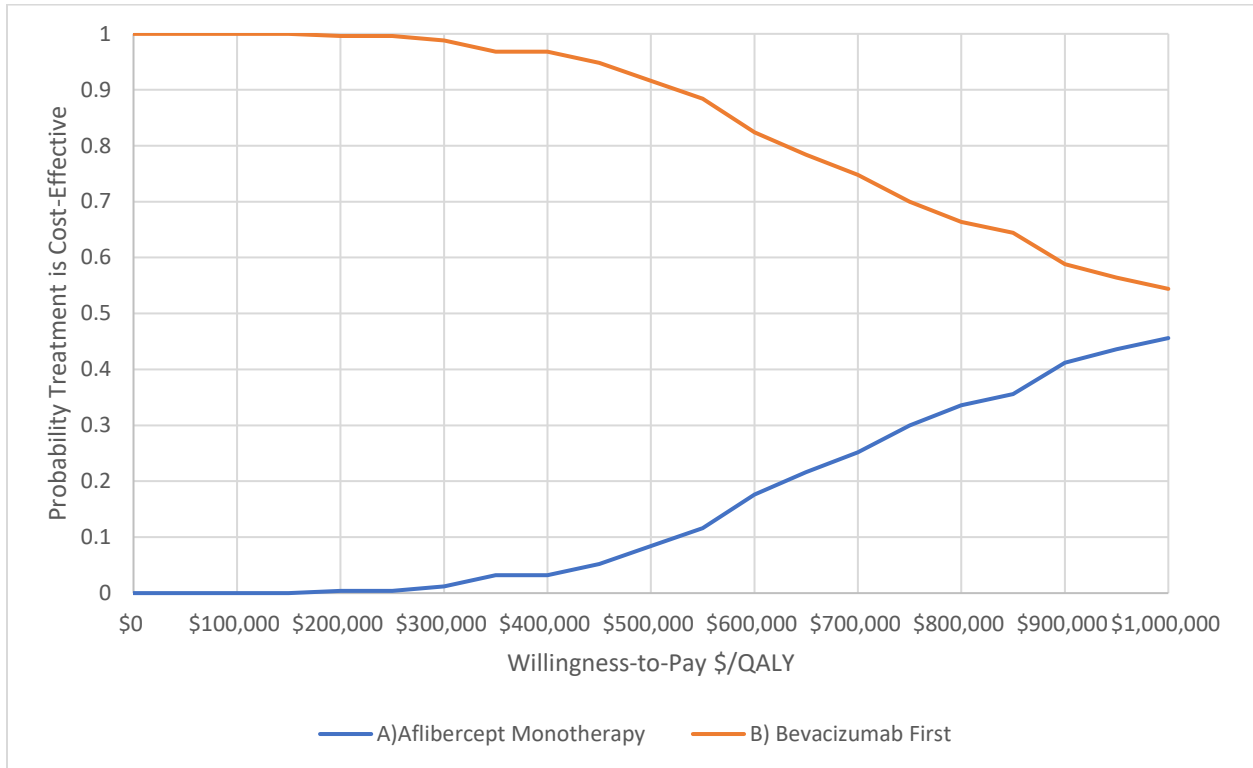
eFigure 4. Cost-Effectiveness Acceptability Curves



QALY: Quality-Adjusted Life-Year.

The curves represent the probability treatment was cost-effective (y-axis) at willingness-to-pay for quality-adjusted life-year (QALY) gains (x-axis). Quality-of-life was mapped to visual acuity letter score in the participant's better-seeing eye at each visit using data from Brown and colleagues.⁷

eFigure 5. Cost-Effectiveness Acceptability Curves Using Ranibizumab Monotherapy or Combined With Laser Versus Laser Monotherapy for Diabetic Macular Edema Utility Mapping Based on the Treated Eye



QALY: Quality-Adjusted Life-Year.

The curves represent the probability treatment was cost-effective (y-axis) at willingness-to-pay for quality-adjusted life-year (QALY) gains (x-axis).

eReferences

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