### SUPPLEMENTARY MATERIALS

	Pooled dual therapy	Real-world patient
Parameter	canagliflozin studies <sup>b</sup>	characteristics
Demographics		
Age, y	$55.7\pm9.3$	$56.5 \pm 11.8$
Male, %	49.8	51.8
Duration of T2DM, y (range)	0.0-13.5	0.0-13.5 <sup>c</sup>
Biomarkers		
HbA1c, %	$7.9\pm0.8$	$7.4 \pm 1.6$
SBP, mmHg	$129.1 \pm 13.1$	$129.1 \pm 13.1^{\circ}$
BMI, $kg/m^2$	$31.4\pm5.8$	$31.4\pm5.8^{c}$
Total cholesterol, mmol/L (mg/dL)	$4.8 \pm 1.1 \; (187.0 \pm 40.6)$	$4.9 \pm 1.2 \; (189.6 \pm 47.7)$
LDL-C, mmol/L (mg/dL)	$2.7\pm 0.9~(105.1\pm 34.6)$	$2.7\pm 0.9~(104.0\pm 34.7)$
HDL-C, mmol/L (mg/dL)	$1.2\pm 0.3~(46.2\pm 11.7)$	$1.2\pm 0.3~(45.2\pm 11.7)$
Triglycerides, mmol/L (mg/dL)	$2.1 \pm 1.5 \; (183.4 \pm 134.0)$	$2.3 \pm 1.6 \; (202.4 \pm 145.8)$
eGFR, mL/min/1.73 m <sup>2</sup>	$89.4 \pm 18.6$	$94.2 \pm 20.6$

#### Supplementary Table S1. Key Patient Baseline Characteristics<sup>a</sup>

BMI, body mass index; eGFR, estimated glomerular filtration rate; HDL-C, high-density

lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; SBP, systolic blood

pressure; SD, standard deviation; T2DM, type 2 diabetes mellitus.

<sup>a</sup>Data are mean  $\pm$  SD unless otherwise indicated.

<sup>b</sup>Data sourced from a pooled analysis of the 52-week, head-to-head study of canagliflozin 100 and 300 mg versus sitagliptin 100 mg [51] and the 52-week, head-to-head study of canagliflozin 100 and 300 mg versus glimepiride [52].

<sup>c</sup>Data not available in database, so assumed to be the same as the pooled analysis of canagliflozin studies.

	Event-Year	State, Annualized	Utility
Parameter	Cost, \$	Cost, \$	decrement
Patient characteristics			
Age (per 10 y)	NA	NA	-0.0235 [38]
Female	NA	NA	-0.0930 [38]
Duration of T2DM (per 10 y)	NA	NA	-0.0163 [38]
Excess body weight (per kg/m <sup>2</sup> over 25 kg/m <sup>2</sup> )	NA	NA	-0.0061 [38]
Macrovascular complications			
MI	67,503.80	2,277.03	-0.028 [38]
IHD	25,599.90	2,277.03	-0.028 [38]
CHF	28,412.71	2,277.03	-0.028 [38]
Stroke	50,371.03	18,584.62	-0.115 [38]
PVD	150.69	150.69	-0.061 [38]
Microvascular complications			
Blindness	3,422.73	3,422.73	-0.057 [38]
No nephropathy			
eGFR 60-89 mL/min/1.73 m <sup>2</sup>	0	6,404.83	0
eGFR 30-59 mL/min/1.73 m <sup>2</sup>	0	8,531.41	-0.050 [39]
eGFR 15-29 mL/min/1.73 m <sup>2</sup>	0	21,856.11	-0.070 [39]
eGFR <15 mL/min/1.73 m <sup>2</sup>	0	21,856.11	-0.200 [39]
Microalbuminuria			
eGFR >90 mL/min/1.73 m <sup>2</sup>	94.48	94.48	0

# Supplementary Table S2. Event-year and State Costs and QALY Utility Weight Inputs

eGFR 60-89 mL/min/1.73 m <sup>2</sup>	94.48	6,499.31	0
eGFR 30-59 mL/min/1.73 m <sup>2</sup>	94.48	8,625.89	0
eGFR <30 mL/min/1.73 m <sup>2</sup>	94.48	21,950.59	0
Macroalbuminuria			
eGFR >90 mL/min/1.73 m <sup>2</sup>	130.36	130.36	-0.048 [38]
eGFR 60-89 mL/min/1.73 m <sup>2</sup>	130.36	6,535.19	-0.048 [38]
eGFR 30-59 mL/min/1.73 m <sup>2</sup>	130.36	8,661.77	-0.048 [38]
eGFR <30 mL/min/1.73 m <sup>2</sup>	130.36	21,986.47	-0.048 [38]
ESRD, eGFR <15 mL/min/1.73 m <sup>2</sup>	0	85,764.33	$0^{a}$
Symptomatic neuropathy	1,050.02	1,316.71	-0.084 [38]
Diabetic foot ulcer	2,567.64	987.67	-0.170 [38]
Lower extremity amputation	10,812.33	2,064.12	-0.272 [38]
Hypoglycemia			
Non-severe symptomatic	0	NA	-0.0035 [59]
Severe	636.06	NA	-0.0118 [59]
AEs			
Genital mycotic infection (male)	132.74	NA	-0.0046 [60]
Genital mycotic infection (female)	132.74	NA	-0.0046 [60]
Lower UTI	125.57	NA	-0.00123 [60]
Upper UTI	136.34	NA	-0.00729 [60]
Volume depletion-related AEs <sup>b</sup>	83.71	NA	-0.005 [46]
Osmotic diuresis-related AEs <sup>c</sup>	88.50	NA	-0.005 [47]

AE, adverse event; CHF, congestive heart failure; eGFR, estimated glomerular filtration rate;

ESRD, end-stage renal disease; IHD, ischemic heart disease; MI, myocardial infarction; PVD,

peripheral vascular disease; QALY, quality-adjusted life-year; T2DM, type 2 diabetes mellitus; UTI, urinary tract infection.

<sup>a</sup>To avoid double counting as the disutility for ESRD is included in eGFR <15 mL/min/1.73 m<sup>2</sup> and no kidney damage.

<sup>b</sup>Utility decrement assumed to be equal to that for symptomatic hypoglycemia [46].

<sup>c</sup>Utility decrement assumed to be similar to that of overactive bladder [47].

Health state	Canagliflozin 300 mg	Dapagliflozin 10 mg	Difference
Micro- and macrovascular			
complications			
MI	0.031	0.031	0.000
IHD	0.030	0.031	0.000
CHF	0.013	0.013	0.000
Stroke	0.031	0.031	-0.001
Retinopathy	0.018	0.018	0.000
CKD	0.123	0.122	0.000
Neuropathy	0.349	0.350	-0.001
AEs			
Hypoglycemia	0.184	0.222	-0.038
Other AEs	0.006	0.007	-0.001
Excess weight	0.612	0.631	-0.019
Survival <sup>a</sup>			-0.018
Total <sup>b</sup>			-0.079

#### Supplementary Table S3. Sources of QALY Disutility in the Base Case

AE, adverse event; CHF, congestive heart failure; CKD, chronic kidney disease; IHD, ischemic

heart disease; MI, myocardial infarction; QALY, quality-adjusted life-year.

<sup>a</sup>For consistency with the other disutility measures, only the disutility associated with survival

differences is reported (with the value of one intervention naturalized to 0).

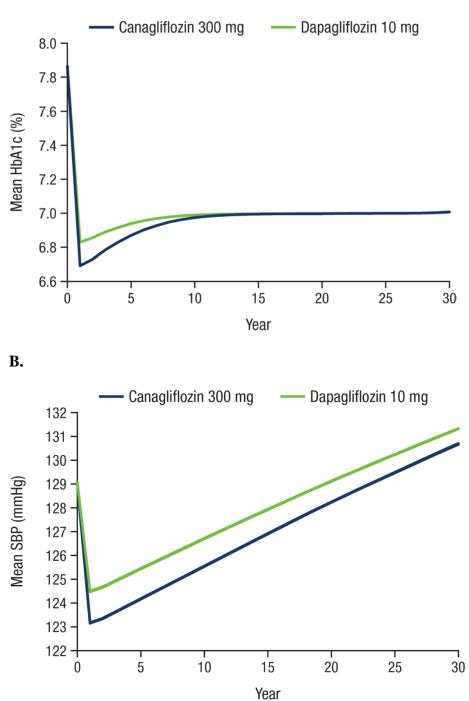
<sup>b</sup>Note: This is measured as the sum of the incremental disutilities and equals the QALY

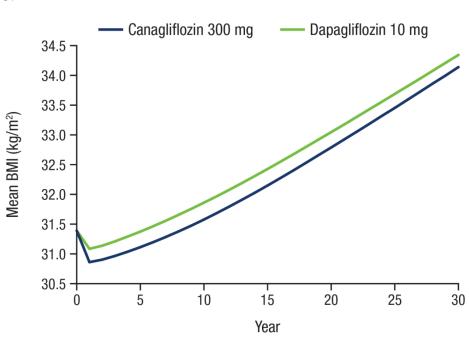
differences reported earlier.

## Supplementary Figure S1. Biomarker evolution curves for (A) HbA1c, (B) SBP, and

#### (C) BMI over 30 years.

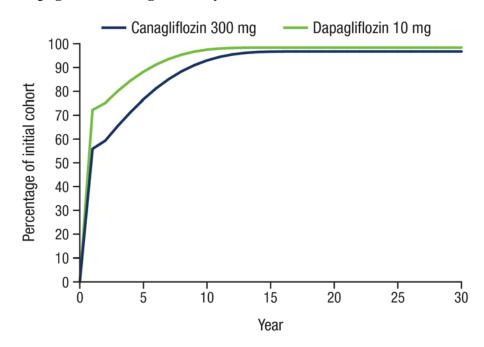






BMI, body mass index; SBP, systolic blood pressure.

Supplementary Figure S2. Simulated insulin use with canagliflozin 300 mg versus



dapagliflozin 10 mg over 30 years.