

Title: Remdesivir for hospitalized COVID-19 patients in the United States: optimization of health care resources

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Table S1: Transition probabilities at day 15 as reported by Beigel et al. [6]

	OS distribution at baseline							
	OS 4 (60.0%)		OS 5 (21.0%)		OS 6 (14.0%)		OS 7 (5.0%)	
Ordinal score at day 15	SoC	RDV	SoC	RDV	SoC	RDV	SoC	RDV
OS 1-3	75%	88%	61%	72%	34%	42%	14%	12%
OS 4	11%	4%	6%	7%	4%	13%	6%	5%
OS 5	8%	4%	9%	11%	14%	2%	15%	21%
OS 6	0%	1%	3%	2%	11%	13%	4%	8%
OS 7	5%	1%	10%	6%	20%	17%	48%	44%
OS 8	2%	1%	10%	3%	16%	14%	14%	11%

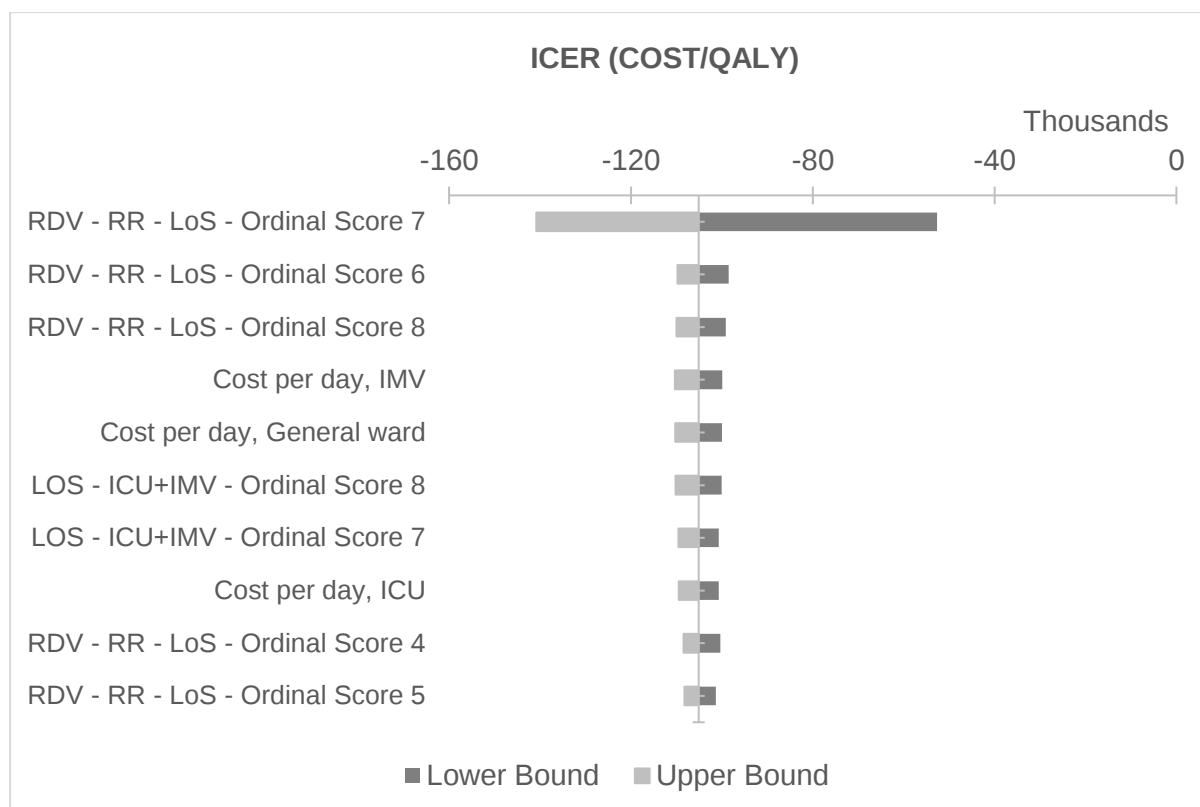
OS: ordinal score; RDV: remdesivir; SoC: standard of care

Table S2: Hospital capacity scenario analysis

	General ward bed-days available as % of hospital capacity	ICU bed-days available as % of ICU capacity	Ventilator-days available as % of total ventilator capacity
Base case			
RDV + SOC	110%	239%	197%
SOC	147%	400%	340%
Difference	37%	161%	144%
90% of capacity dedicated to COVID-19			
RDV + SOC	78%	167%	138%
SOC	105%	280%	239%
Difference	26%	113%	101%
30% of capacity dedicated to COVID-19			
RDV + SOC	235%	502%	413%
SOC	314%	840%	715%
Difference	79%	339%	302%

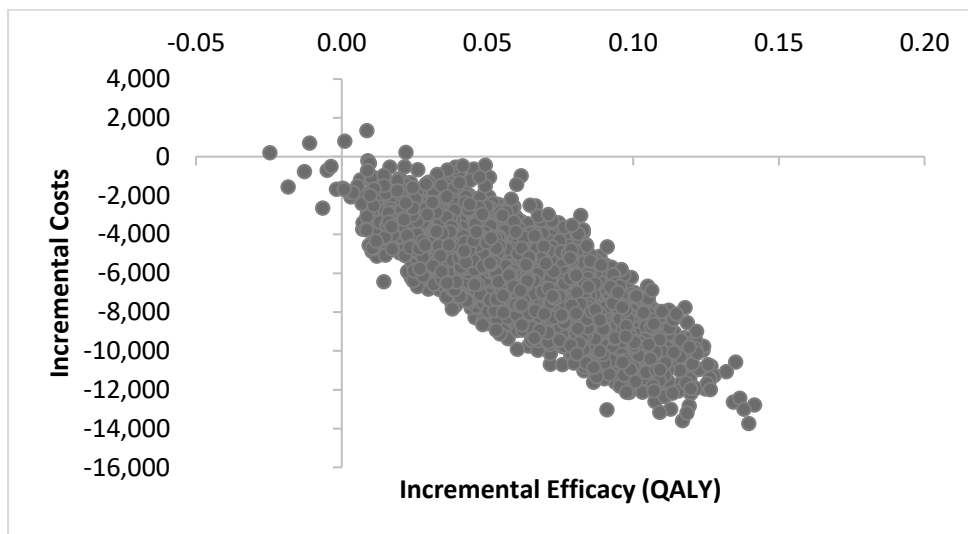
ICU: intensive care unit; RDV: remdesivir; SOC: standard of care.

Figure S1: One-way sensitivity analyses



ICER: incremental cost-effectiveness ratio; ICU: intensive care unit; LoS: length of stay; IMV: mechanical invasive ventilation; QALY: quality-adjusted life year; RDV: remdesivir; RR: relative risk.

Figure S2: Probabilistic sensitivity analysis



QALY: quality-adjusted life year.