

Supplementary Material

Reducing antibiotic prescribing in general practice in Australia: a cluster randomised controlled trial of a multimodal intervention

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Appendix 1

Cost saving scenarios

The second scenario included additional cost savings from antibiotic related adverse incidents. Based on the findings of a meta-analysis (Gillies et al. 2015) we included three common adverse incidents associated with use of amoxicillin and amoxicillin-clavulanic acid; diarrhoea (19%), candidiasis (4%) and rash (4%). We also included diarrhoea in association with macrolides (14%) (Jespersen et al. 2009) and cephalexin (4%) (Quintiliani 1996). Adverse incidents potentially associated with other antibiotic classes were not considered due to the absence of rigorous data to estimate their occurrence. We applied these adverse incident probabilities to the proportion of prescriptions observed in our dataset for amoxicillin and amoxicillin-clavulanic acid (38%) and macrolides (16%) to estimate the number of adverse incidents avoided due to reduced prescriptions. The value of these adverse incidents was estimated from the perspective of the health system as requiring one additional GP Level B consultation (\$37.05). Under the health system perspective used for our analysis we did not include patient out-of-pocket costs, lost productivity or additional morbidity associated with these adverse incidents.

In the third scenario, we included the cost savings from avoided cases of antibiotic associated *Clostridium difficile*, based on data from the international scientific literature. We used data from a meta-analysis (Vardakas et al. 2012).

References

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