CHEERS 2022 Checklist — Supplementary Material

Cost-Utility of Atropine-Based Myopia Control versus Single-Vision Correction in US Children (Mehta & Clark). Reporting per the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) 2022 (Husereau et al. 2022). “Location” gives the manuscript section where each item is reported.

No.	Item	Recommendation (topic)	Location reported
1	Title	Identifies the study as an economic evaluation and the interventions compared	Title page
2	Abstract	Structured summary (Purpose, Methods, Results, Conclusion)	Abstract
3	Background and objectives	Context, policy/practice relevance, study question	Introduction
4	Health economic analysis plan	Analysis plan; whether developed before/after data collection	Methods (post hoc/exploratory; two co-primary analyses defined in the locked SAP)
5	Study population	Characteristics of the analytic population	Methods – Study design and population; Table 2
6	Setting and location	Relevant setting and geographic context	Methods (single US practice, Long Beach, CA)
7	Comparators	Interventions/comparators and rationale	Methods – Treatment regimens; vs single-vision correction
8	Perspective	Perspective(s) adopted	Methods – Costs and ICER (payer; payer-plus-caregiver-time scenario)
9	Time horizon	Time horizon and rationale	Methods (lifetime, to age 82; US period life expectancy)
10	Discount rate	Discount rate(s) and rationale	Methods (3% per year; Sanders et al. 2016)
11	Selection of outcomes	Outcomes used to capture benefit/harm	Methods (prevention QALYs for four complications and ongoing refractive-functional QALY decrement)
12	Measurement of outcomes	How outcomes were measured	Methods – SER-to-risk, onset-timed prevention, and refractive-functional burden models
13	Valuation of outcomes	Methods/populations for valuing outcomes	Methods; Table 1 (utility weights; event losses; δ calibrated from Yu et al. 2025)
14	Measurement and valuation of resources and costs	How costs were valued	Methods – Costs and ICER; Table 3
15	Currency, price date, conversion	Currency, year, any conversion	Methods (2025 US dollars; Medi-Cal-based costs)

16	Rationale and description of model	Model structure and rationale	Methods – two-segment logistic SER-to-risk, onset-timed prevention, refractive-functional burden; co-primary Reference and Total-value; Figure legends
17	Analytics and assumptions	Methods for analysis and key assumptions	Methods; Table 1 footnote; reproduced in R 4.5.2 with independent Python script
18	Characterizing heterogeneity	Variability across subgroups	Results (by early-response stratum and regimen)
19	Characterizing distributional effects	Equity/distributional effects	Not assessed (single-cohort exploratory analysis)
20	Characterizing uncertainty	Methods for characterizing uncertainty	Methods – Uncertainty (one-way, structural, probabilistic, bootstrap)
21	Engagement with patients/others	Patient/stakeholder engagement	Not applicable (retrospective chart-based analysis)
22	Study parameters	All parameters, ranges, distributions, sources	Table 1; Methods; parameter files and replication script (available from the corresponding author on request)
23	Summary of main results	Base-case results	Results; Table 3 (co-primary ICERs: Total-value $13,671; Reference $31,507)
24	Effect of uncertainty	How uncertainty affects results	Results; Figures 3 and 4
25	Effect of engagement with patients/others	Effect of any engagement	Not applicable
26	Study findings, limitations, generalizability	Interpretation in context of prior evidence	Discussion; Limitations
27	Source of funding	Funding sources and role	Funding statement
28	Conflicts of interest	Conflicts of interest	Conflicts of interest statement