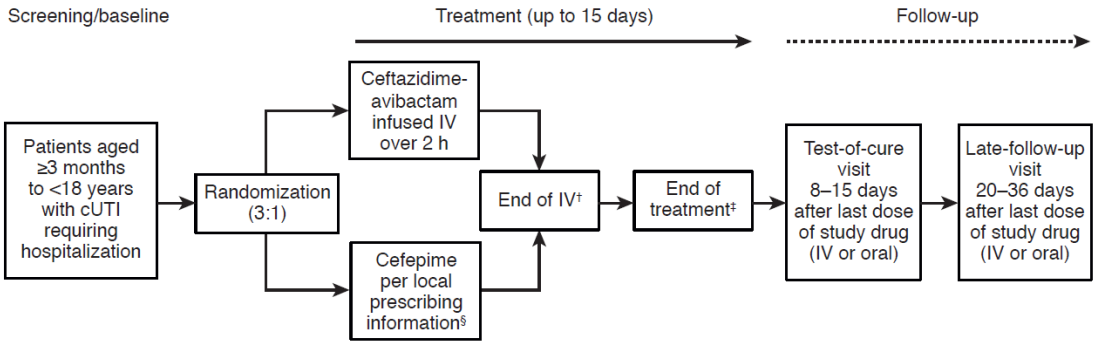
Supplemental Digital Content 2

FIGURE: Study design



†An optional switch to oral therapy was permitted on or after Day 4 (ie, after 72 hours [9 full doses if given 3 times daily or 6 doses if given twice daily] of IV study drug). Options for oral therapy included ciprofloxacin, cefixime, amoxicillin/clavulanic acid, sulfamethoxazole/trimethoprim or a pathogen-based treatment determined by susceptibility testing (all subject to local guidelines and administered at a dose and formulation consistent with standard care). A patient could be maintained on IV therapy for the full treatment period. The end-of-IV assessment was carried out within 8 hours of the last infusion for those who switched to oral therapy. ‡End-of-treatment visits were carried out within 24 hours of completion of last IV infusion or within 48 hours after the last dose of oral switch therapy. §Patients randomized to receive cefepime were to receive the dose, schedule and infusion duration as recommended in the local prescribing information or as prescribed by the investigator. The maximum dose of cefepime in any single infusion was not to exceed 2000 mg.

CAZ-AVI, ceftazidime-avibactam; CEF, cefepime; cUTI, complicated urinary tract infection; IV, intravenous