

Electronic Supplementary File 1. Literature review on attributes and levels of antihypertensive drugs

ID	Patients	Intervention	Comparison	Outcomes	Type of evidence
ALLHAT Officers and Coordinators[1]	High blood pressure and at least one other risk factor for coronary heart disease	Amlodipine	Chlorthalidone	Stroke: 6-year incidence was 5.6% in the chlorthalidone group, 5.4% in the amlodipine group (RR 0.93; 95%CI 0.82 to 1.06), and 6.3% in the lisinopril group (RR 1.15; 95%CI 1.02 to 1.30). Lisinopril vs chlorthalidone: 6-year rates of combined CVD (33.3% vs 30.9%; RR 1.10, 95%CI 1.05 to 1.16); Stroke (6.3% vs 5.6%; RR1.15, 95%CI 1.02 to 1.30); HF (8.7% vs 7.7%; RR 1.19, 95%CI 1.07 to 1.31)	RCT
Dahlöf B 2002[2]	Hypertension	Losartan	Atenolol	Intervention: SBP -30.2/-16.6 mmHg (SD 18.5/10.1) Comparison: SBP -29.1/-16.8 mmHg (SD 19.2/10.1) Primary composite endpoint: RR 0.87, 95%CI 0.77 to 0.98; Die from cardiovascular disease: (RR:0.89, 95%CI 0.73 to 1.07; Fatal or non-fatal stroke:RR: 0.75, 95%CI 0.63-0.89 Myocardial infarction (non-fatal and fatal): RR:1.07, 95%CI 0.88-1.31	RCT
Julius S 2004[3]	Hypertension	Valsartan	Amlodipine	BP: -4.0 vs 2.1 mmHg (1 month), -1.3 vs -1.5 mmHg (1 year); Primary composite endpoint: 10.6% (25.5 per 1000 patient-years) vs 10.4% (24.7 per 1000 patient-years); HR 1.04, 95%CI 0.94 to 1.15	RCT
White WB 2011[4]	Hypertension	Azilsartan medoxomil	Placebo	Clinic SBP: AZL-M 40mg -14.6mmHg, 95%CI -17.7 to -11.5; AZL-M 80mg -14.9 mmHg, 95% CI -18.1 to -11.8; Valsartan 320 mg -9.5 mmHg, 95%CI -12.6 to -6.3; Olmesartan 40 mg -11.4 mmHg, 95%CI -14.5 to -8.2	RCT

Trevisol DJ 2012[5]	Hypertension	Not specified	-	The HRQoL of hypertensive patients was significantly lower than that of normotensive patients, particularly in terms of body composition summary and mental component summary. Effect of pharmacological treatment: patients with hypertension who were on antihypertensive drugs and whose blood pressure was controlled had a lower HRQoL compared with hypertensive patients who did not use antihypertensive drugs.	Cross-sectional study
Hu D 2014[6]	Hypertension	Valsartan/Amlodipine	-	Mean sitting SBP -27.1 mmHg (159.6 vs. 132.5 mmHg, P < 0.0001); Mean sitting DBP -15.2 mmHg (95.6 vs. 80.4 mmHg, P < 0.0001) AEs: dizziness (0.2%), headache (0.2%), upper respiratory tract infection (0.2%), edema (0.2%)	RWE
Wong MC 2014[7]	Hypertension	Atenolol	Metoprolol	Cardiovascular mortality: 3.7% vs 1.4% (p<0.001)	Cohort study
Mohan JC 2015[8]	Hypertension	Olmesartan, Amlodipine and Hydrochlorothiazide	-	AEs (1.39%): Pedal oedema (0.29%); headache (0.16%); giddiness (0.15%), light headedness (0.08%); stroke (0.06%)	RWE
Fujiwara N 2017[9]	Hypertension	Azisartan	Conventional angiotensin II receptor blocker	SBP -16.9 mmHg (SD 20.1); DBP -8.9 mmHg (SD 11.6); EQ5D score did not change; HRQoL scores such as the GDS and PSQI, especially in the female subgroup, were significantly improved by switching the ARB to azilsartan	Clinical Trial
Schmieder RE 2017[10]	Uncontrolled hypertension	Fixed dose medication	-	Significant improvement in HRQoL: After 24 weeks of treatment, patients' assessment of their health status improved significantly, from 33.3% at baseline to 75.8% at follow-up.	Observational study
Brunström M 2018[11]	Hypertension	Antihypertensive therapy	-	Median follow-up time of 4 years: cardiovascular mortality rate 0.0309; Stroke rate: 0.0276	Meta-Analysis

Gupta A 2018[12]	Hypertension	Amlodipine	Atenolol	All-cause mortality: HR 0.90, 95%CI 0.81 to 1.01 (BP lowering-arm); Deaths from stroke: HR 0.71, 95%CI 0.53 to 0.97 (BP lowering-arm); Cardiovascular deaths: HR 0.79, 95%CI 0.67 to 0.93 (BP lowering-arm)	RCT
Kumar R 2019[13]	Hypertension	Nebivolol	Bisoprolol	All-cause mortality: 9.8% vs 11.48%; Cardiovascular mortality: 5.4% vs 7.0%; All-cause hospitalization: 14.4% vs 16.3%; Cardiovascular hospitalization: 9.8% vs 12.09%	RCT
Vukadinović D 2019[14]	Hypertension	Amlodipine	Placebo	Rate of edema: 16.6 vs. 6.2%, RR 2.9, 95%CI 2.50 to 3.36 <i>Low/medium doses: RR 2.01, 95%CI 1.41 to 2.88;</i> <i>High dose: RR 3.08, 95%CI 2.62 to 3.60</i> Incidence of headache: 7.9 vs. 10.9%, RR 0.77, 95%CI 0.65 to 0.90; <i>Low/medium doses: RR 0.52, 95% CI 0.40 to 0.69</i> <i>High dose: RR 0.92, 95%CI 0.74-1.15</i>	Meta-analysis
Zhao D 2019[15]	Hypertension	Azisartan	Olmesartan	SBP MD -2.24 mmHg, 95%CI -4.03 to -0.44; DBP MD -0.55 mmHg, 95%CI -1.76 to 0.66	Meta-analysis
Geng Q 2020[16]	Hypertension	Sacubitril/Valsartan	Angiotensin receptor blockers	SBP: MD -1.58 mmHg, 95%CI -2.09 to -1.07; DBP: MD -0.66 mmHg, 95%CI -0.98 to -0.33; <i>Subgroups: 200 mg/d SBP MD -4.94 mmHg, 95%CI -6.54 to -3.35; DBP MD -2.24 mm Hg, 95%CI -2.74 to -1.75;</i> <i>400 mg/d SBP MD -6.25 mmHg, 95%CI -7.90 to -4.61; DBP MD -2.30 mmHg, 95%CI -2.80 to -1.80</i>	Meta-Analysis
Thacker H 2020[17]	Hypertension	Perindopril/Indapamide/Amlodipine	-	SBP: 28.5 mmHg; DBP: 13.8 mmHg; QoL: improvement for all patients	Clinical trial

Katsi V 2021[18]	Hypertension	Azilsartan alone; Azilsartan plus chlorthalidone	Placebo or antihypertensive drugs	76% experienced an AE, with more events reported among patients who received add-on therapy. The most commonly reported AEs were dizziness (143%), headache (9.9%), fatigue (72%), upper respiratory tract infection (6.7%) and urinary tract infection (5.7%).	Systematic review
Tahkola A 2021[19]	Hypertension	Not specified	-	Office SBP: -22 mmHg, 95% CI -27 to -18); Office DBP: -13 mmHg, 95% CI -15 to -10); Home SBP: -15 mmHg, 95% CI -18 to -11); Home DBP: -10 mmHg, 95% CI -12 to -8); HRQoL slightly deteriorated during the first treatment year	RWE
Wang JG 2021[20]	Hypertension	Azilsartan medoxomil/Olmesartan /Telmisartan	Valsartan	Azilsartan Medoxomil80mg: SBP:MD-9.9mmHG,95% CRI: -15.16 to -5.96 Olmesartan40mg: SBP:MD-5.8mmHG, 95% CRI: -11.07 to -2.03 Telmisartan80mg: SBP:MD-7.8mmHG95% CRI: -13.40 to -2.74	Network meta- analysis
Bhardwaj RK 2022[21]	Diabetic hypertension	Amlodipine, Ramipril, Telmisartan, Combination of ramipril with telmisartan	-	Amlodipine: HRQoL increased by 30.56% (95%CI: 14.30-10.90); Ramipril: QoL increased by 30.94% (95%CI: 14.21-10.68); Telmisartan: QoL increased by 28.07% (95%CI: 14.89-11.20) Combination of ramipril with telmisartan: QoL increased by 28.84% (95%CI: 15.49-11.77)	RCT
Cho EJ 2023[22]	Hypertension	Telmisartan /Amlodipine/Chlorth alidone	Telmisartan/ Amlodipine	48 (12.6%) patients are reported to showed treatment emergent adverse event. Sitting SBP: -19.1 ± 14.9 mmHg vs -11.4 ± 14.7 mmHg Treatment related AEs: 10.4% vs 5.3%; Dizziness 5.7% vs 2.1%; Moderate AEs 3.1% vs 2.1%; SAEs: 0.5% vs 0.5%	RCT

Han Y 2023[23]	Hypertension	Sacubitril/Valsartan	Olmesartan	SBP: MD -7.03 mmHg, 95% CI -10.09 to -3.96; <i>Subgroups: 200 mg/d SBP MD -5.94 mmHg, 95% CI -9.39 to -2.49; 400 mg/d SBP MD -9.73 mmHg, 95% CI -16.62 to -2.83</i> No significant difference in the likelihood of AEs and Es between groups except Headache (RR 0.58, 95%CI 0.36 to 0.92)	Meta-analysis
Kim JH 2023[24]	Advanced hypertension	Olmesartan	Antihypertensive drugs	3-year MACE: 9.4% vs 9.5%, HR 0.99 (95%CI 0.82 to 1.20); All-cause mortality: 1.2% vs 1.3%, HR 0.95 (95%CI 0.56 to 1.61); Myocardial infarction: 1.4% vs 1.5%, HR 0.92 (95%CI 0.56 to 1.51); Stroke: 3.4% vs 2.7%, HR 1.25 (95%CI 0.89 to 1.73); Hospitalization for heart failure: 5.9% vs 6.3%, HR 0.93 (95%CI 0.73 to 1.18)	RWE
Zhang S 2023[25]	Hypertension	Amlodipine/Losartan therapy	Losartan	Adverse events (50.0% vs. 51.7%, P = 0.819); <i>Mild AEs (44.8% vs. 47.0%, P = 0.731), moderate (4.5% vs. 3.3%, P = 0.770), severe (0.6% vs. 1.3%, P = 0.620);</i> Only mild ADRs occurred, 5.2% vs. 6.6%, P = 0.635	RCT
Cui Z 2024[26]	Essential hypertension	Olmesartan medoxomil-amlodipine besylate	-	AEs: nervous system disorders (12.9%), vascular disorders (8.7%), general disorders and administration site conditions (5.4%); SAEs: vascular disorders (0.4%); Drug-related AEs: nervous system disorders (4.6%), vascular disorders (2.6%), general disorders and administration site conditions (2.3%)	RWE
Sun Y 2024[27]	Hypertension	Sacubitril/Valsartan	Olmesartan	SBP: MD -4.58 mmHg, 95% CI -7.90 to -1.25; DBP: MD -1.70 mmHg, 95% CI -3.24 to -0.17; Pulse pressure: MD -2.31 mmHg, 95% CI -4.41 to -0.21; Adverse events: OR 1.06, 95% CI 0.90 to 1.24	Meta-analysis

“—”: not mentioned in the literature; RCT: randomized controlled trial; RWE: real-world evidence; HRQoL: health-related quality of life; SBP: systolic blood pressure; DBP: diastolic blood pressure; HF: heart failure; MACE: major adverse cardiovascular events; AEs: adverse events; SAEs: serious adverse events; SD: standard deviation; CI: confidence interval; MD: mean difference; RR: relative risk; HR: hazard ratio

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Electronic Supplementary File 2. Explanations of attributes and levels in the discrete choice experiment

Control of systolic blood pressure (SBP): Effective control of SBP is a critical outcome measure for antihypertensive drugs. This attribute quantifies the expected SBP decrease versus no treatment or placebo and is defined at three levels: 10 mmHg, 20 mmHg, or 30 mmHg reduction.

Change in health-related quality of life (HRQoL): This attribute is an important patient-reported outcome. It measures the change in multidimensional functioning (physical, psychological, functional, and social domains) relative to no medication after initiating therapy, with three defined levels: worsened, unchanged, or improved.

Incidence of common side effects: This attribute quantifies the occurrence of common, typically mild-to-moderate adverse drug reactions (e.g., dizziness, headache, cough, nausea, diarrhea) that can be self-managed. There are three levels for the attribute: 1%, 8%, or 15%.

Five-year risk of stroke: Hypertension is a major risk factor for stroke. This attribute quantifies the absolute reduction in five-year stroke risk with the antihypertensive drug versus placebo or no treatment, defined at three levels: 1%, 4%, and 7%.

Five-year mortality due to cardiovascular diseases (CVD): Hypertension significantly contributes to cardiovascular disease and mortality. Antihypertensive therapy might decrease the mortality associated with cardiovascular disease. This attribute represents the absolute reduction in probability of cardiovascular death within five years versus no treatment, defined at three levels: 1%, 4%, or 7%.

Out-of-pocket costs per year if reimbursed: This attribute quantifies the annual patient copayment if the new drug is covered by public health insurance. The attribute is defined across three levels: low at ¥400, medium at ¥2,300, and high at ¥4,200.

Electronic Supplementary Figure 1. Questionnaire of the survey (Block 1)

Survey Location: _____ **Survey Date:** ____ Month ____ Day
 Outpatient Inpatient **Outpatient/Inpatient Number:** _____

Interviewer Signature: _____

Department for enrolling hypertensive patients: Cardiology, Endocrinology, Neurology, Neurosurgery, General Practice

Informed Consent Form

The purpose of this survey is to understand your priorities for the health insurance coverage of antihypertensive drugs. We promise to keep your information completely confidential.

Please sign the informed consent form to indicate your agreement to participate.

Thank you for your cooperation and support!

Patient Signature: _____

Survey on Health Insurance Coverage Priorities of Antihypertensive Drugs

Your answers are for academic research only, and you do not need to worry about the disclosure of personal privacy. You can refuse to participate in the survey if you are not willing to.

Please answer the questions according to your actual views and preferences. Please note that your carelessness will lead to incorrect information for decisionmakers, which may affect your own benefits of healthcare.

Our research team will give you a small gift as a token of appreciation.

Thank you very much for your support!

Center for Evidence-Based Medicine, Medical School of Nantong University

Part 1: Demographic information and clinical characteristics

1. **Gender:** Male Female

2. **Age:** _____ years old

3. **Education:**

Unschooling Primary school Junior high school High school

Junior college or Higher vocational college Bachelor's degree

Master's degree or above

4. Occupation:

- Civil Servant Staffing of public institution Company employee
 Factory worker Farmer Unemployed Retiree
 Freelancers (self-employed, temporary stallholder, freelance writer, etc.)
 Other type: _____

5. Marital status:

- Single Married Divorced Widowed

6. Monthly household income (gross income):

- ≤2000 CNY 2001~4000 CNY 4001~6000 CNY 6001~8000 CNY
 8001~10000 CNY 10001~12000 CNY >12000 CNY

7. Type of health insurance:

- Urban Employees Basic Medical Insurance
 Urban-Rural Residents Basic Medical Insurance (including former New Rural Cooperative Medical Insurance, and former Urban Residents Basic Medical Insurance)
 Commercial Health Insurance
 Other types: _____

8. Overall satisfaction with your public health insurance:

- Very dissatisfied Somewhat Dissatisfied Neither satisfied nor dissatisfied
 Somewhat satisfied Very satisfied

9. Years since hypertension diagnosis: _____

Note: If just diagnosed, write "initial"; if diagnosed within 1 year, specify in "months"; if diagnosed for more than 1 year, specify in "years, months"; please include the unit of time.

10. Smoking:

- Currently smoking Used to smoke but quit now Never smoked

11. Have you ever experienced side effects from antihypertensive drugs?

- Yes No

Medical history and clinical symptoms (Checked by Interviewers)

1. Primary diagnosis for admission to hospital or primary healthcare centers:

2. The type of hypertension that the patient has been diagnosed:

Primary hypertension Secondary hypertension Pulmonary hypertension

3. Untreated office blood pressure of the patient:

Systolic blood pressure _____ mmHg

Diastolic blood pressure _____ mmHg

4. Other types of chronic diseases the patient has:

- Diabetes Heart failure Coronary heart disease Stroke
- Hyperlipidemia Chronic hepatitis Angina pectoris Myocardial infarction
- Chronic respiratory system disease Chronic digestive system disease
- Chronic kidney disease Neurological disease
- Other chronic diseases (name of disease) _____
- No other diseases

The longest duration of any of the above diseases: _____ years

5. The current antihypertensive therapies (Please specify drug names and dosages):

Part 2: Assessment of health-related quality of life

1. Please "√" in the following table according to your actual feeling and health condition

	Best Worst				
	No problems	Slight problems	Moderate problems	Severe problems	Unable to do
① Mobility					
② Self-care (e.g. washing, dressing yourself)					
③ Usual activities (e.g. work, study, housework, family or leisure activities)					

	Best Worst				
	No	Slightly	Moderately	Severely	Extremely
④ Pain/Discomfort					
⑤ Anxiety/Depression					

2. Mark an X on the scale to indicate how your health

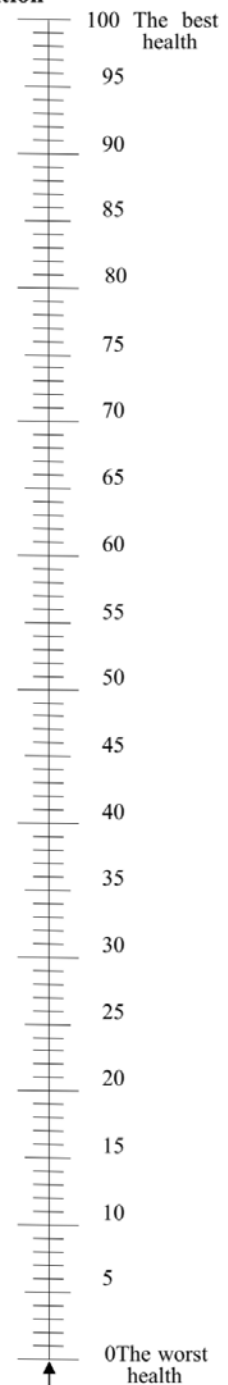
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.

Please write the number you marked on the scale in the box below.

Your health today =

Source of the measurement scale: EuroQol Research Foundation. EQ-5D-5L User Guide, 2019.

Available from: <https://euroqol.org/publications/user-guides>




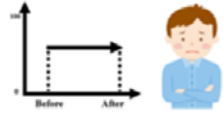




Please mark an X on the scale to indicate how your health is today.

Part 3: Preferences for health insurance coverage of antihypertensive drugs


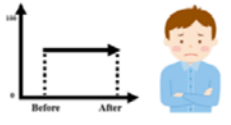




Assuming there are currently two new antihypertensive drugs, A and B, neither of which has been covered by public health insurance. At present, only one of these drugs can be reimbursed by health insurance programs.

Please carefully read all the items and then select the new drug that is most worthy of been reimbursed by the health insurance, and mark a "√" in the corresponding box.

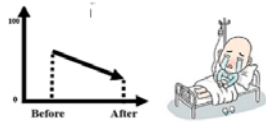





Scenario 1

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 20mmHg	Decreased by 10mmHg
Change in health-related quality of life	 <input type="text" value="No change"/>	 <input type="text" value="No change"/>
Incidence of common side effects 	8%	1%
Five-year risk of stroke 	1%	7%
Five-year mortality due to cardiovascular diseases	1%	7%
Out-of-pocket costs per year if reimbursed	 CNY 2300 per year	 CNY 4200 per year
Which drug is worthier to be covered by public health insurance? Your choice		

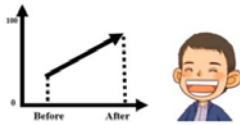





Scenario 2

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 30mmHg	Decreased by 20mmHg
Change in health-related quality of life	 <p style="text-align: center;">Improved</p>	 <p style="text-align: center;">No change</p>
Incidence of common side effects 	15%	1%
Five-year risk of stroke 	4%	1%
Five-year mortality due to cardiovascular diseases	1%	7%
Out-of-pocket costs per year if reimbursed	 CNY 4200 per year	 CNY 2300 per year
Which drug is worthier to be covered by public health insurance? Your choice		

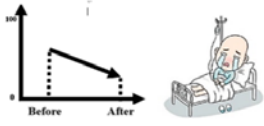
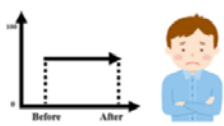




Scenario 3

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 10mmHg	Decreased by 20mmHg
Change in health-related quality of life	 <div style="border: 1px solid black; border-radius: 10px; background-color: #ffffcc; padding: 5px; text-align: center; margin-top: 10px;">Worsen</div>	 <div style="border: 1px solid black; border-radius: 10px; background-color: #ffffcc; padding: 5px; text-align: center; margin-top: 10px;">Worsen</div>
Incidence of common side effects 	1%	15%
Five-year risk of stroke 	4%	7%
Five-year mortality due to cardiovascular diseases	4%	7%
Out-of-pocket costs per year if reimbursed	 CNY 4200 per year	 CNY 2300 per year
Which drug is worthier to be covered by public health insurance? Your choice		


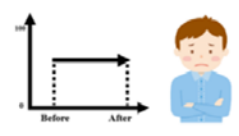




Scenario 4

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 30mmHg	Decreased by 20mmHg
Change in health-related quality of life	 <p style="text-align: center;">improved</p>	 <p style="text-align: center;">No change</p>
Incidence of common side effects 	8%	1%
Five-year risk of stroke 	4%	7%
Five-year mortality due to cardiovascular diseases	1%	4%
Out-of-pocket costs per year if reimbursed	 <p style="text-align: center;">CNY 2300 per year</p>	 <p style="text-align: center;">CNY 2300 per year</p>
Which drug is worthier to be covered by public health insurance? Your choice		







Scenario 5

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 20mmHg	Decreased by 20mmHg
Change in health-related quality of life	 <p style="text-align: center; border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 0 auto;">Worsen</p>	 <p style="text-align: center; border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 0 auto;">No change</p>
Incidence of common side effects 	8%	15%
Five-year risk of stroke 	7%	4%
Five-year mortality due to cardiovascular diseases	4%	4%
Out-of-pocket costs per year if reimbursed	 CNY400 per year	 CNY 4200 per year
Which drug is worthier to be covered by public health insurance? Your choice		

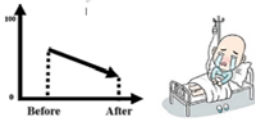
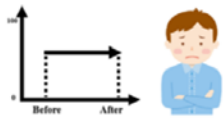




Scenario 6

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 20mmHg	Decreased by 20mmHg
Change in health-related quality of life	 <p style="text-align: center;">improved</p>	 <p style="text-align: center;">No change</p>
Incidence of common side effects 	15%	8%
Five-year risk of stroke 	7%	1%
Five-year mortality due to cardiovascular diseases	1%	4%
Out-of-pocket costs per year if reimbursed	 CNY400 per year	 CNY 4200 per year
Which drug is worthier to be covered by public health insurance? Your choice		

Scenario 7

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 20mmHg	Decreased by 10mmHg
Change in health-related quality of life	 <p style="text-align: center;">No change</p>	 <p style="text-align: center;">Improved</p>
Incidence of common side effects 	1%	8%
Five-year risk of stroke 	4%	1%
Five-year mortality due to cardiovascular diseases	4%	4%
Out-of-pocket costs per year if reimbursed	 CNY400 per year	 CNY400 per year
Which drug is worthier to be covered by public health insurance? Your choice		

Scenario 8

Attributes	Drug A	Drug B
Control of systolic blood pressure	Decreased by 20mmHg	Decreased by 20mmHg
Change in health-related quality of life	 <p style="text-align: center;">Worsen</p>	 <p style="text-align: center;">No change</p>
Incidence of common side effects 	1%	15%
Five-year risk of stroke 	1%	4%
Five-year mortality due to cardiovascular diseases	4%	1%
Out-of-pocket costs per year if reimbursed	 CNY 2300 per year	 CNY400 per year
Which drug is worthier to be covered by public health insurance? Your choice		

Are you confident in your choice of the new drug to be covered by health insurance programs? Please select a level from zero to 10 and give a tick '√' in the score to represent your confidence:

0: not confident at all						10: extremely confident				
0	1	2	3	4	5	6	7	8	9	10
👎						👍				

Electronic Supplementary File 3. Sensitivity analysis of main effects

Attributes	Coefficients	
	β (SE)	SD (SE)
Control of SBP		
Decreases by 10 mmHg (ref)	-0.798***(0.073)	
Decreases by 20 mmHg	-0.047(0.052)	0.044(0.192)
Decreases by 30 mmHg	0.845***(0.079)	0.988***(0.093)
Change in HRQoL		
Worse (ref)	-1.291***(0.101)	
No change	0.273***(0.049)	0.439***(0.100)
Improved	1.030***(0.092)	1.275***(0.107)
Incidence of common side effects		
15% (ref)	-0.946***(0.074)	
8%	-0.054(0.047)	0.054(0.271)
1%	1.000***(0.072)	0.669***(0.081)
Five-year risk of stroke		
7% (ref)	-0.505***(0.058)	
4%	0.103*(0.052)	0.220(0.147)
1%	0.402***(0.061)	0.538***(0.099)
Five-year mortality due to CVD		
7% (ref)	-0.785***(0.069)	
4%	0.170*(0.065)	0.019(0.129)
1%	0.616***(0.070)	0.535***(0.093)
Out-of-pocket costs per year if reimbursed		
Cost (per CNY200)	-0.114***(0.009)	0.135***(0.011)
Const	0.098***(0.027)	
Log likelihood		-3241.985
Participants		821
Observations		13,136

SBP, systolic blood pressure; HRQoL, health-related quality of life; CVD, cardiovascular disease; SE, standard error; SD, standard deviation; *p<0.05; ***p<0.001.

Electronic Supplementary File 4. Model estimation of the interaction effects (SD and its SE)

Attributes	Model 1 (Income)	Model2 (Age)	Model 3 (Insurance)	Model 4 (SBP)
	SD (SE)	SD (SE)	SD (SE)	SD (SE)
Control of SBP				
Decreases by 20 mmHg	0.004(0.167)	0.036 (0.215)	0.041(0.073)	0.018(0.188)
Decreases by 30 mmHg	0.950***(0.095)	0.973*** (0.098)	0.997***(0.099)	0.980***(0.097)
Change in HRQoL				
No change	0.432***(0.103)	0.454*** (0.105)	0.482***(0.100)	0.444***(0.104)
Improved	1.236***(0.105)	1.301***(0.112)	1.310***(0.109)	1.312***(0.109)
Incidence of common side effects				
8%	0.080(0.190)	0.009(0.314)	0.052(0.355)	0.107(0.248)
1%	0.691***(0.081)	0.702***(0.085)	0.685***(0.084)	0.692***(0.083)
Five-year risk of stroke				
4%	0.167 (0.195)	0.220 (0.147)	0.018(0.255)	0.232(0.147)
1%	0.511***(0.102)	0.539***(0.102)	0.606***(0.100)	0.545***(0.106)
Five-year mortality due to CVD				
4%	0.027 (0.130)	0.011 (0.132)	0.012(0.130)	0.210(0.083)
1%	0.542***(0.094)	0.556***(0.098)	0.573***(0.098)	0.553***(0.097)
Out-of-pocket costs per year if reimbursed				
Cost (per CNY200)	0.132***(0.011)	0.139***(0.012)	0.134***(0.011)	0.138***(0.011)

SBP, systolic blood pressure; HRQoL, health-related quality of life; CVD, cardiovascular disease; SE, standard error; SD, standard deviation; ***p<0.001.

Age: Age 70 or less=0, age > 70=1; monthly household income: CNY 6000 or less=0, More than CNY 6000=1; type of insurance: Urban Employee Basic Medical Insurance enrollees =0, Urban and Rural Resident Basic Medical Insurance enrollees =1; SBP: Less than 160 mmHg =0, 160 mmHg or more =1.

Electronic Supplementary File 5. Marginal willingness to pay for antihypertensive drugs

Attributes	Willingness-to pay (95% CI)
Control of SBP	
From decrease by 10mmHg to decrease by 20mmHg	1324***(971-1678)
From decrease by 10mmHg to decrease by 30mmHg	2919***(2429-3410)
Change in HRQoL	
HRQoL from worse to no change	2761***(2313-3209)
HRQoL from worse to improvement	4049***(3418-4681)
Incidence of common side effects	
From 8% to 1%	1498***(1146-1851)
From 15% to 1%	3373***(2831-3916)
Five-year risk of stroke	
From 4% to 1%	1084***(763-1406)
From 7% to 1%	1621***(1214-2029)
Five-year mortality due to CVD	
From 4% to 1%	1600***(1251-1951)
From 7% to 1%	2415***(1933-2898)

SBP: systolic blood pressure; HRQoL: health-related quality of life; CVD: cardiovascular disease;
 ***p<0.001.

Electronic Supplementary File 6. Marginal willingness to pay by income

Attributes	Lower income	Higher income
Control of SBP		
From decrease by 10mmHg to decrease by 20mmHg	1396***(1035-1758)	1218***(95-2342)
From decrease by 10mmHg to decrease by 30mmHg	3071***(2556-3586)	2884***(1409-4360)
Change in HRQoL		
HRQoL from worse to no change	2086***(1699-2474)	6151***(3736-8565)
HRQoL from worse to improvement	2931***(2396-3466)	9913***(6104-13721)
Incidence of common side effects		
From 8% to 1%	1290***(945-1634)	2787***(1374-4200)
From 15% to 1%	2818***(2316-3320)	6829***(4051-9607)
Five-year risk of stroke		
From 4% to 1%	883***(564-1202)	2400***(1070-3731)
From 7% to 1%	1248***(864-1632)	4169***(2104-6233)
Five-year mortality due to CVD		
From 4% to 1%	1353***(1009-1697)	3171***(1817-4525)
From 7% to 1%	2129***(1666-2593)	4316***(2193-6440)

SBP: systolic blood pressure; HRQoL: health-related quality of life; CVD: cardiovascular disease; Lower income: monthly household income CNY 6000 or less, Higher income: monthly household income over CNY 6000; ***p<0.001.