Table S1. Adverse events and safety endpoints in patients without prior antimicrobial failure (PAF) treated with meropenem-vaborbactam or best available therapy

Adverse Events (Safety Population*)	Meropenem-Vaborbactam No PAF (n=40)	Best Available Therapy All (n = 25)	Total (N = 65)
TEAEs			
Any	32 (80.0%)	23 (92.0%)	55 (84.6%)
Drug-related	10 (25.0%)	11 (44.0%)	21 (32.3%)
TEAEs by maximum severity			
Mild	9 (22.5%)	4 (16.0%)	13 (20.0%)
Moderate	9 (22.5%)	5 (20.0%)	14 (21.5%)
Severe	5 (12.5%)	7 (28.0%)	12 (18.5%)
Life-threatening	3 (7.5%)	1 (4.0%)	4 (6.2%)
Death	6 (15.0%)	6 (24.0%)	12 (18.5%)
SAEs			
All	11 (27.5%)	11 (44.0%)	22 (33.8%)
Drug-related	0 (0.0%)	2 (8.0%)	2 (3.1%)
Study drug discontinuations due to TEAEs	2 (5.0%)	3 (12.0%)	5 (7.7%)
Study discontinuations due to TEAEs	4 (10.0%)	5 (20.0%)	9 (13.8%)
Renal-related safety endpoints			
Renal-related TEAEs (Preferred Term)	2 (5.0%)	6 (24.0%)	8 (12.3%)
Renal failure acute	1 (2.5%)	3 (12.0%)	4 (6.2%)
Renal impairment	1 (2.5%)	2 (8.0%)	3 (4.6%)
Renal failure	0 (0.0%)	1 (4.0%)	1 (1.5%)
Any post-baseline RIFLE Criteria	1 (2.5%)	2 (8.3%) **	3 (4.7%)
Maximum post-baseline creatinine increase[3]			
>0.5mg/dL	6/38 (15.8%)	6/22 (27.3%)	12/60 (20.0%)

AE adverse event, BAT best available therapy, RIFLE risk, injury, failure, loss, or end-stage, SAE serious adverse event, TEAE treatment-emergent adverse event.
* The safety population consisted of patients who received ≥ 1 dose of study drug.
** Baseline data not available for 1/25 BAT patients

Table S2. Efficacy results in patients receiving meropenem-vaborbactam as first-line therapy versus meropenem-vaborbactam after prior antimicrobial failure (PAF) in the mCRE-MITT population

Efficacy Endpoints (mCRE-MITT)	Meropenem-Vaborbactam No PAF (n=23)	Meropenem-Vaborbactam after PAF (n = 9)	Absolute Difference (95% CI)
Clinical cure at TOC	16 (69.6)	3 (33.3)	+36.3 (+0.1 to +72.3)
Clinical cure at EOT	19 (82.6)	2 (22.2)	+60.4 (+29.1 to +91.7)
Microbiologic cure[1] at EOT	19 (82.6)	2 (22.2)	+60.4 (+29.1 to +91.7)
Microbiologic cure[1] at TOC	16 (69.6)	1 (11.1)	+58.5 (+30.6 to +86.3)
Day 28 mortality	1 (4.3)	4 (44.4)	-40.1 (-73.6 to -6.6)

CI, confidence intervals; EOT, end of therapy; mCRE-MITT, microbiologic carbapenem-resistant Enterobacteriaceae modified intent to treat; PAF, prior antimicrobial failure; TOC, test of cure.

[1] Microbiologic cure was defined as microbial eradication or presumed eradication

Table S3. Adverse events and safety endpoints in patients with and without prior antimicrobial failure (PAF) treated with meropenem-vaborbactam

Adverse Events (Safety Population*)	Meropenem-Vaborbactam No PAF (n=40)	Meropenem-Vaborbactam after PAF (n = 10)	Total (N = 50)
TEAEs			
Any	32 (80.0%)	10 (100%)	42 (84.0%)
Drug-related	10 (25.0%)	2 (20.0%)	12 (24.0%)
TEAEs by maximum severity			
Mild	9 (22.5%)	2 (20.0%)	11 (22.0%)
Moderate	9 (22.5%)	2 (20.0%)	11 (22.0%)
Severe	5 (12.5%)	2 (20.0%)	7 (14.0%)
Life-threatening	3 (7.5%)	0 (0.0%)	3 (6.0%)
Death	6 (15.0%)	4 (40.0%)	10 (20.0%)
SAEs			
All	11 (27.5%)	6 (60.0%)	17 (34.0%)
Drug-related	0 (0.0%)	0 (0.0%)	0 (0.0%)
Study drug discontinuations due to TEAEs	2 (5.0%)	3 (30.0%)	5 (10.0%)
Study discontinuations due to TEAEs	4 (10.0%)	4 (40.0%)	8 (16.0%)
Renal-related safety endpoints			
Renal-related TEAEs (Preferred Term)	2 (5.0%)	0 (0.0%)**	2 (4.0%)
Renal failure acute	1 (2.5%)	0 (0.0%)**	1 (2.0%)
Renal impairment	1 (2.5%)	0 (0.0%)**	1 (2.0%)
Renal failure	0 (0.0%)	0 (0.0%)**	0 (0.0%)
Any post-baseline RIFLE Criteria	1 (2.5%)	0 (0.0%)**	1 (2.0%)
Maximum post-baseline creatinine increase[3]			
>0.5mg/dL	6/38 (15.8%)	1/8 (12.5%)**	7 (14.0%)

AE adverse event, BAT best available therapy, RIFLE risk, injury, failure, loss, or end-stage, SAE serious adverse event, TEAE treatment-emergent adverse event.
* The safety population consisted of patients who received ≥ 1 dose of study drug.
** Baseline data not available for 2/10 M/V after PAF patients