

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Position statement on use of the EQ-5D-5L valuation set

1. Since 2008, NICE's preferred measure of health-related quality of life in adults has been EQ-5D. For most of that time, there has been only 1 version of the descriptive system, EQ-5D-3L. In this version, respondents rate their degree of impairment in different health domains using 3 response levels (no problems, some problems and extreme problems). The EuroQol Group has created a new descriptive system, EQ-5D-5L, with 5 response levels (no problems, slight problems, moderate problems, severe problems and extreme problems). EQ-5D-5L was designed to be more sensitive than EQ-5D-3L.
2. The current NICE [guide to the methods of technology appraisal 2013](#) states that data collected using the EQ-5D-5L descriptive system may be used for reference-case analyses. When the guide was written, there was no valuation set for EQ-5D-5L from which to derive utilities. NICE's methods guide (section 5.3.12) states that: 'Until an acceptable valuation set for the EQ-5D-5L is available, the validated mapping function to derive utility values for the EQ-5D-5L from the existing EQ-5D (-3L) may be used (available from <http://www.euroqol.org>)'.
3. An EQ-5D-5L valuation set is now available that reflects the preference of members of the public in England for health states defined by the EQ-5D-5L descriptive system (Devlin et al. 2016). NICE's [Decision Support Unit](#) has looked at the differences between EQ-5D-3L and EQ-5D-5L (Wailoo et al. 2017). However, further research is needed to explore the impact of adopting the EQ-5D-5L valuation set in the NICE reference case described in NICE's guide to the methods of technology appraisal.
4. NICE is supporting the following research:
 - NICE has commissioned its Decision Support Unit to analyse past technology appraisals that used EQ-5D-3L. The research will involve mapping the 3L utility values onto 5L utility values and exploring the impact on cost-effectiveness analyses for a range of conditions and diseases.
 - NICE is liaising with the Department of Health, which is planning to commission further research into EQ-5D-5L. NICE anticipates that this work will include:

- independent quality assurance of the analytical methods used to create the 5L valuation set for England, through an evaluation of both the econometric methods and the modelling code.
 - collection of data from a sample of UK patients who complete both the 3L and 5L descriptive systems. This large, carefully designed study will be used to derive a new mapping function for converting from the 3L to 5L and vice-versa, building on the Decision Support Unit's work using existing datasets (Hernandez Alava et al. 2017).
5. The following statement applies to all guidance-producing programmes at NICE that use cost–utility analyses.

Position Statement

6. Currently the 5L valuation set is not recommended for use. Companies, academic groups, and others preparing evidence submissions for NICE should:
- Use the 3L valuation set for reference-case analyses.
 - If data were gathered using the EQ-5D-5L descriptive system, reference-case analyses should calculate utility values by mapping the 5L descriptive system data onto the 3L valuation set.
 - If analyses use data gathered using both EQ-5D-3L and EQ-5D-5L descriptive systems, use the 3L valuation set to derive all utility values, with 5L mapped onto 3L where needed.
 - Whilst several mapping functions are available (Hernandez Alava et al. 2017), for consistency with the current guide to the methods of technology appraisal, the mapping function developed by van Hout et al. (2012) should be used for reference-case analyses.
 - NICE supports sponsors of prospective clinical studies continuing to use the 5L version of EQ-5D descriptive system to collect data on quality of life.
7. NICE plans to review this statement in August 2018.

NICE

August 2017

References

Devlin N, Shah K, Feng Y et al. (2016) [Valuing health-related quality of life: an EQ-5D-5L value set for England](#). Office of Health Economics Research paper 16/01 [online; accessed 6 July 2017]

Hernandez Alava M, Wailoo A, Pudney S (2017) [Methods for mapping between the EQ-5D-5L and the 3L](#). NICE Decision Support Unit report [online; accessed 31 July 2017]

Van Hout B, Janssen M, Feng Y et al. (2012) Interim scoring for the EQ-5D-5L: Mapping the EQ-5D-5L to EQ-5D-3L value sets. *Value in Health*, 15: 708-15.

Wailoo A, Hernandez Alava M, Grimm S et al. (2017) [Comparing the EQ-5D-3L and 5L versions. What are the implications for cost effectiveness estimates?](#) NICE Decision Support Unit report [online; accessed 6 July 2017]