GRADE PROFILES FOR ECONOMIC EVIDENCE

Clinical / economic question: escitalopram versus placebo

Escitalopram versus placebo

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£84.70	0.0395	Escitalopram dominant	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: sertraline versus placebo

Sertraline versus placebo

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£168.383	0.0422	Sertraline dominant	Probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: paroxetine versus placebo

Paroxetine versus placebo

Study & country	Limitations	Applicability	Other comments	Increment al cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£126.176	0.0363	Paroxetine dominant	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: duloxetine versus placebo

Duloxetine versus placebo

Study & country	Limitations	Applicability	Other comments	Increment al cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£35.096	0.0404	Duloxetine dominant	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: venlafaxine XL versus placebo

Venlafaxine XL versus placebo

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£109.156	0.0399	Venlafaxine XL dominant	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: pregabalin versus placebo

Pregabalin versus placebo

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£13.178	0.0420	Pregabalin dominant	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: escitalopram versus paroxetine

Escitalopram versus paroxetine

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)[1]	Uncertainty[1]
Iskedjian *et al.*, 2008 Canada	Potentially serious limitations[2]	Partially applicable[3]	• Measure of outcome: number of symptom-free days (SFDs) • Time horizon: 24 weeks	£32	9.4SFDs	£3.4/SFD	£2.9-£4.49/SFD
Jørgensen *et al.*, 2006 UK	Potentially serious limitations[4]	Directly applicable[5]	• Measure of outcome: % of people with maintained response • Time horizon: 36 weeks	-£45	7.7% more people with maintained response	Escitalopram dominant	Escitalopram dominant
Guideline analysis UK	Minor limitations[6]	Directly applicable[7]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	£41.5	0.0032	£12,893/ QALY	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs converted and uplifted to 2009 UK pounds, using PPP exchange rates (http://www.oecd.org/std/ppp) and the UK HCHS inflation index.
2. Efficacy data derived selectively from one RCT; many clinical and all resource use estimates based on expert opinion; limited sensitivity analysis; funded by industry
3. Conducted in Canada –Ministry of Health perspective (direct healthcare costs considered); no QALYs estimated but outcome measure considered relevant; utility scores for GAD are still scarce and of low quality
4. Efficacy data derived selectively from one RCT; some clinical and resource use estimates based on expert opinion; limited sensitivity analysis; funded by industry
5. NHS perspective; no QALYs estimated but outcome measure considered relevant; utility scores for GAD are still scarce and of low quality
6. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
7. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: sertraline versus paroxetine

Sertraline versus paroxetine

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	-£42.207	0.0059	Sertraline dominant	Probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: escitalopram versus venlafaxine XL

Escitalopram versus venlafaxine XL

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	£24.458	-0.0004	Venlafaxine XL dominant	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: duloxetine versus venlafaxine XL

Duloxetine versus venlafaxine XL

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	£74.060	0.0005	£150,761 /QALY	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: venlafaxine XL versus pregabalin

Venlafaxine XL versus pregabalin

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Guideline analysis UK	Minor limitations[2]	Directly applicable[3]	• Time horizon: 42 weeks • Model included 6 drugs plus no treatment (placebo)	£17.020	0.0036	£4,771 /QALY	Not relevant; both interventions dominated by sertraline; probability of sertraline being cost-effective at £20,000/QALY: 0.71

1. Costs expressed in 2009 UK pounds
2. Evidence synthesis based on network (mixed treatment comparison) meta-analytic techniques; resource use based on data reported in RCTs, a national survey and GDG expert opinion; impact of tolerable side effects on health-related quality of life not considered; costs associated with management of side effects no considered
3. Analysis conducted to assist guideline development; NHS & personal social services perspective; QALYs estimated based on SF-6D

Clinical / economic question: venlafaxine XL versus diazepam

Venlafaxine XL versus diazepam

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)[1]	Uncertainty[1]
Guest *et al.*, 2004 UK	Potentially serious limitations[2]	Partially applicable[3]	• Measure of outcome: percentage of people with successful treatment defined as CGI score of 1 at 6 months • Time horizon: 6 months	£56	10.8% extra successfully treated people	£516/ successfully treated person	Venlafaxine XL dominates - £2,203/successfully treated person Probabilistic analysis: venlafaxine XL dominated diazepam in at least 25% of iterations

1. Costs uplifted to 2009 UK pounds using the UK HCHS inflation index.
2. Efficacy data derived selectively from one RCT; resource use estimated based on expert opinion; limited sensitivity analysis; funded by industry
3. UK / NHS perspective; no QALYs estimated but outcome measure considered relevant; utility scores for GAD are still scarce and of low quality

Clinical / economic question: paroxetine versus venlafaxine XL

Paroxetine versus venlafaxine XL

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)[1]	Uncertainty[1]
Vera-Llonch *et al.*, 2010 Spain	Potentially serious limitations[2]	Partially applicable[3]	• Time horizon: 12 months, but treatment effect assumed to last from 8 weeks (end of treatment) until 12 months	£468	0.027	£17,565/ QALY	£14,567-£26,442/QALY Probabilistic analysis: pregabalin cost effective in roughly 95% of iterations at a cost effectiveness threshold of £20,000/QALY

1. Costs converted and uplifted to 2009 UK pounds, using PPP exchange rates (http://www.oecd.org/std/ppp) and the UK HCHS inflation index.
2. Efficacy data derived selectively from one RCT; treatment effect assumed to last for 44 weeks beyond end of treatment; funded by industry
3. Spanish third party payer perspective; valuation of QALYs derived from Spanish population