Economic Plan

This document identifies the priorities for economic analysis and the proposed methods for addressing these questions as described in section 7.1.3 of the Guidelines Manual (2009).

1 Guideline

Full title of guideline: Neuropathic pain – pharmacological management: the pharmacological management of neuropathic pain in adults in non-specialist settings

2 Process for agreement

The economic plan was prepared by the guideline economist in consultation with the rest of the NCC technical team and GDG. It was discussed and agreed on by the following people [a]:

For the NCC and GDG:

NCC economist: **Gabriel Rogers**

NCC representative(s) [b]: **Steph Mills**

GDG representative(s) [c]: **Placeholder**

For NICE (completed by NICE):

CCP lead: **Phil Alderson**

Commissioning manager: **Rachel Ryle**

Economic lead: **Prashanth Kandaswamy**

Costing lead: **Stephen Brookfield**

Proposals for any changes to the agreed priorities will be circulated by email to this group. If substantive revisions are agreed, they will require to be recorded as addenda to this document (section 7) or as an updated version of the document[d].

[a] This may be done by face-to-face meeting, teleconference, or email as convenient.

[b] May be the project manager, a systematic reviewer or research fellow and/or the centre director or manager, as appropriate for the NCC and guideline.

[c] May be GDG chair, clinical lead and/or other members as appropriate.

[d] In case clinical questions are changed, for example, section 4 requires updating as well as other sections if modelling priorities are affected.

3 Topic priorities identified in the Scope

This section contains all topics covered by the scope. These topics usually reflect selected clinical issues. Please indicate if an area is relevant for economic consideration and if modelling is deemed appropriate to address it.

Area[d]	Relevant?[e]	Appropriate for modelling?[f]
Use of [various drugs], and their positioning within the care pathway for the management of neuropathic pain outside of specialist pain management services. This will include use of individual drugs as monotherapy and/or in combination, if clearly supported by evidence.	Yes	Yes

[d] This corresponds to the "Key clinical issues that will be covered " section in the scope.

[e] Please state if this area is deemed relevant for considering opportunity costs and likely disinvestments. Areas might pose a decision problem directly or implicitly inform the choice between options. Categories should include information on relevance and if of high or low priority for health economic work (see below).

[f] Health economic work comprises literature reviews, qualitative consideration of expected costs and effects and/or formal decision modelling. Decision modelling is particularly useful where it can reduce uncertainty over cost effectiveness and/or where a recommendation is likely to result in considerable changes in health and/or costs. For further details please see section 7.1 of the Guidelines Manual (2009). It may not be feasible or efficient to address every relevant decision problem by de novo work. There rationale for choosing areas for cost effectiveness modelling should be discussed in detail in Section 5.

4 List of Modelling Questions

Insert a list of the clinical areas which have selected for de Novo modelling in the table below along with a brief description of the model using a 'PICO' format. Please include details of the type of analysis[g]

#	**Areas prioritised for health economic modelling**
	Pharmacological treatments (as monotherapy and in combination) for the management of neuropathic pain in adults, outside of specialist pain management services
Population	Adults (aged ≥ 18 years old) with neuropathic pain managed in settings other than specialist pain management services.
Interventions included in analysis	43 potential technologies are specified in the scope (q.v.). It is extremely unlikely that all of these will be included in formal cost–utility analysis; the comparators included in the model will be defined by availability of relevant evidence and GDG advice.
Type of analysis	CUA

[g]This section should give details of the proposed areas economic analysis will be conducted including the type of analysis (CUA, CEA, CMA etc).

5 Planned de novo modelling

This section will specify modelling work prioritised by the GDG. It will provide details on how cost effectiveness will be considered for relevant, prioritised clinical areas/decision problems. Proposed modelling work should be listed in chronological order. For each decision model, please state the proposed analytical methods, relevant references and any comments on, for example, possible diversions from the reference case.

Scope area[h] *(clinical question(s)* [i]*)*	*Outline proposed analysis*
Pharmacological management of neuropathic pain	An original cost–utility analysis will be developed. This is likely to take the form of a cohort-based state-transition (Markov) model. Health states will reflect effectiveness of pain management (probably as either a binary distinction between managed and unmanaged pain, or as a categorical series [e.g. no pain, mild pain, moderate pain and severe pain]) and experience of adverse events. Spontaneous resolution of symptoms will also be reflected. Superimposed on this will be a structure reflecting patient management, which will account for (a) discontinuation of therapy +/- commencement of alternative treatment and (b) referral to specialist services. Data on the effectiveness of interventions will be drawn from a network meta-analysis comparing candidate treatments; this will either take the form of a directly estimated relative measure that can be used to inform state-transitions (e.g. odds ratio for successful pain control) or a continuous measure of effect that can be transformed to estimate a categorical probability of state transition. The advantage of the former approach is that it entails reliance on data that most closely corresponds with the likely model structure; the advantage of the latter is that it would enable the analysis to reflect a broader evidence-base (since continuous outcomes are much more extensively reported). The decision on which strategy to adopt will be taken with reference to availability of data and feasibility of methods to map from NMA data to model inputs. The GDG will advise on the appropriateness of subgroup analyses reflecting populations with particular types of neuropathic pain (individual diagnoses and/or groups of related conditions). We anticipate that little or no direct evidence will be found on the sequential use of various drugs in this setting. Therefore, any attempt to model treatment strategies comprising prespecified sequences of candidate technologies is likely to rely on evidence from first-line use of the component drugs.

[h] This should be the key areas relevant for considering opportunity costs and high priority for de novo modelling, as identified in section 3.

[i] Two or more questions may be addressed by a single analysis if appropriate.

6 Clinical Guidelines technical support unit[j]

Please indicate if any of the analyses or areas suggested in section 3 require or would benefit from the Clinical Guidelines Technical Support Unit support or validation.

- Health economic modelling for this guideline will be undertaken in collaboration with the Liverpool Reviews and Implementation Group (LRiG) managed via the TSU contract.
- Half of the fee for the work will be paid on successful publication of the consultation version of the executable model and health economic appendices. The remaining balance for the work and administration fee will be paid on publication of the final executable model and health economic appendices.
- Delivery dates of outputs for the contracted health economic modelling work are set out below:

Output	**Date**
First draft of neuropathic pain (NP) modelling report delivered	12th Dec 2012
Second draft of NP modelling report delivered	11th Han 2013
Full report on NP economic modelling delivered	6th Feb 2013
Full economic model and analyses delivered	20th Feb 2013
Submission of any final amendments to the model and documentation	27th May 2013

7 References

Please insert numbered references

8 Addenda to economic plan

Please state any changes that have been made to the above agreed plan, together with date. If clinical questions have changed since the economic plan was signed off, include a new list with all clinical questions as part of the addenda, together with a comment where questions were inserted, deleted or altered and an explanation.

Scope area[k] (clinical question(s) [l])	*Proposed changes*	*Date agreed*

[j] The Clinical guidelines technical support unit provides academic support to guideline developers at any point in guideline development: Conduct, or support the NCC/ICG team in the development of, advanced evidence synthesis, Support complex economic analyses, conduct validation of or amendments to, existing evidence syntheses used in guideline models and address concerns from stakeholder (via consultation). Please contact the Senior technical adviser for further details

[k] This should be the key areas relevant for considering opportunity costs and high priority for de novo modelling, as identified in section 3.

[I] Two or more questions may be addressed by a single analysis if appropriate.