1.5 PHARMACOLOGICAL INTERVENTIONS FOR THE LONG-TERM MANAGEMENT OF ADULTS WITH BIPOLAR DISORDER

References to included studies:

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- 5. NCCMH (2006) Bipolar Disorder: the Management of Bipolar Disorder in Adults, Children and Adolescents, in Primary and Secondary Care. Leicester and London: The British Psychological Society and the Royal College of Psychiatrists.
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- 7. Soares-Weiser K, Bravo Vergel Y, Beynon S, Dunn G, Barbieri M, Duffy S, et al. A systematic review and economic model of the clinical effectiveness and cost-effectiveness of interventions for preventing relapse in people with bipolar disorder. Health Technology Assessment. 2007;11.
- 8. Woodward TC, Tafesse E, Quon P, Kim J, Lazarus A. Cost-effectiveness of quetiapine with lithium or divalproex for maintenance treatment of bipolar I disorder. Journal of Medical Economics 2009;12:259-68.
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Study ID	Intervention details	Study	Costs: description and values	Results: Cost-effectivene	tivene: Comments	
Country		population	Outcomes: description and values			
Study type		Study design				
		Data sources				
Calvert and	Interventions:	Population:	Costs: Direct medical: physician time,	No treatment is	Perspective: Direct	
colleagues		Adults with	medication, laboratory tests,	dominated by all drugs	payer	
(2006)	Lamotrigine	bipolar disorder I	hospitalisation; costs of side effects not		Currency: US\$	
		stabilised after	considered	Lamotrigine dominates	<u>Cost year:</u> 2004	
US	Lithium	resolution of a		olanzapine for all three	<u>Time horizon:</u> 18	
		mixed/manic	Total annual cost per person:	outcome measures	months	
Cost-	Olanzapine	episode	<i>Lamotrigine:</i> \$6,503		Discounting: NA	
effectiveness			<i>Lithium:</i> \$5,806	ICER of lamotrigine	Applicability: Partly	
and cost-	No maintenance treatment	Study design:	Olanzapine: \$7,395	<u>versus lithium:</u>	applicable	
utility		Decision analytic	No treatment: \$10,722	• \$2,400 per acute	<u>Quality:</u> Very	
analysis		modelling		episode avoided	serious limitations;	
			Primary outcomes:	• \$30 per extra euthymic	indirect	
		Source of	Number of acute episodes avoided	day	comparisons using	
		effectiveness data:	 Number of euthymic days 	• \$26,000 per QALY	RCTs with different	
		Double-blind	achieved		study designs and	
		placebo-	• QALYs		populations so	
		controlled RCTs		Results most sensitive to	method of analysis	
		(BOWDEN2003,	Annual number of acute episodes avoided:	transition probabilities	was inappropriate	
		CALABRESE2003)	Lamotrigine: 1.64	and utility values		
		Courses of monomore	Lithiun: 1.34		Lamotrigine and	
		Source of resource	Olanzapine: 1.37		olanzapine are now	
		<u>use data:</u> Dublished data	No treatment: 0		available in generic	
		clinical guidelines			form	
		and a physician	Annual number of euthymic days per			
			person:			
		Survey	Lamotrigine: 309			
		Source of unit cost	Lithium: 286			
		data.	Olanzapine: 294			
		Published	<i>ino treatment: 227</i>			
		national sources	Annual number of OALYs per person:			
			Lamotrioine: 0.762			
			Lithium: 0.735			
			Olanzapine: 0.739			

			No treatment: 0.692		
Study ID	Intervention details	Study	Costs: description and values	Results: Cost-effectiveness	Comments
Country		population	Outcomes: description and		
Study type		Study design	values		
	- ·	Data sources			
Ekman and	Interventions:	Population:	<u>Costs:</u> Direct medical: hospitalisation,	Start in remission:	Perspective: NHS
colleagues		Adults aged	outpatient care, crisis teams, staff	Que and MS dominates all	Currency: UK£
(2012)	Quetiapine	40 years with	costs including senior house officer	Que dominates all except Olz and	<u>Cost year:</u> 2011
		bipolar disorder (l	(SHO), general practitioner (GP),	Mixed	<u>Time horizon:</u>
UK	Quetiapine and mood	or II) experiencing	community psychiatric nurse (CPN),		5 years
	stabiliser (lithium or	an acute	practice nurse and dietician, drug	ICER of Que versus Olz:	Discounting: 3.5%
Cost-utility	divalproex)	depressive	acquisition, laboratory tests, costs of	£27,437/QALY	Applicability:
analysis	(Que and MS)	episode or being	adverse events included; indirect		Directly applicable
		in remission	costs considered in sensitivity	ICER of Que versus Mixed:	<u>Quality:</u> Very
	Olanzapine (Olz)		analysis	£41,691/QALY	serious limitations;
		Study design:			evidence synthesis
	Olanzapine and lithium,	Decision analytic	Primary outcome:	Compared with Olz, probability of	methods
	olanzapine replaced by	modelling	QALY	Que being cost-effective at VVIP 0	inappropriate as
	venlafaxine (Ven) in acute			and £30,000/QALY: 29%; 92%	populations, phase
	depression	Source of	Costs and QALYs per 1000 people		of disorder and
	(Olz and Li 1)	effectiveness data:	starting in remission:	Results robust under several	outcome measures
		RCTs and meta-	<i>Que:</i> £18,928; 3.551	alternative scenarios but	differed across RCTs
	Olanzapine and lithium,	analyses	<i>Que and MS:</i> £16,534; 3.570	moderately sensitive to inclusion	used for indirect
	olanzapine replaced by		<i>Olz:</i> £18,209; 3.525	of indirect costs, time horizon,	comparisons
	paroxetine in acute	Source of resource	<i>Olz and Li 1:</i> £19,371; 3.537	treatment duration and dosages	
	depression	<u>use data:</u>	<i>Olz and Li 2:</i> £19,197; 3.536		Quetiapine and
	(Olz and Li 2)	published data	Ari: £22,062; 3.528		olanzapine are now
		based on expert	Mixed: £18,189; 3.534		available in generic
	Aripiprazole, replaced by	opinion			form
	olanzapine and venlafaxine	- · ·			
	in acute depression (Ari)	Source of unit cost			
		data:			
	Mixed scenario: risperidone	National sources			
	in mania, venlafaxine and				
	lithium in depression,				
	olanzapine in maintenance				
	(Mixed)				

Study ID	Intervention details	Study	Costs: description and values	Results: Cost-effectivenes	Comments
Country		population	Outcomes: description and values		
Study type		Study design			
		Data sources			
Fajutrao and	Interventions:	Population:	<u>Costs:</u> <i>Direct medical:</i> staff time	Que + MS dominant	Perspective: NHS
colleagues		Adults with	(psychiatrist, senior house officer, general		Currency: UKE
(2009)	Quetiapine adjunctive	bipolar disorder l	practitioner, community psychiatric nurse,	Results most sensitive to	Cost year: 2007
	to mood stabiliser (lithium	newly stabilised	laboratory nurse), medication, laboratory	risk and length of	<u>1 ime horizon:</u>
UK	or valproate) (Que + MS)	with a	tests, hospitalisation, crisis resolution and	hospitalisation, cost of	24 months
Cast	March 1 (11)	combination of	home treatment teams; costs of side effects	hospital stay, and	Discounting: 3.5%
Cost-	Nood stabiliser (lithium or	Que and MS	not considered	quetiapine acquisition cost	<u>Applicability:</u>
effectiveness	valproate) alone (NIS)	Study docign:	Total cost per person:		Ouality Retentially
and cost-		Decision analytic	$\frac{10tat \cos per person.}{Oue + MS} = fg 130$		<u>Quality</u> . Fotentially sorious limitations
analysis		modelling	M_{S} f9 637		serious initiations
anarysis		mouening	110. 29,007		Quetianine and
		Source of	Primary outcomes:		olanzapine
		effectiveness data:	Number of acute episodes		(administered in
		Two double-blind	 Percentage of people hospitalised 		mania) are now
		placebo-controlled	due to acute episodes		available in generic
		RCTs	• OALYs		form
			2		
		Source of resource	Number of acute episodes per person:		
		use data: Clinical	Que + MS: 0.84		
		guidelines mainly	MS: 1.84		
		based on expert			
		opinion	Percentage of people hospitalised due to		
			acute episodes:		
		Source of unit cost	Que + MS: 0.30		
		<u>data:</u> National	MS: 0.42		
		sources			
			QALYs:		
			Que + MS: 1.57		
			MS: 1.50		

Study ID	Intervention	Study population	Costs: description	on and values	Results: Cost-effectiveness	Comments
Country	details	Study design	Outcomes: desc	cription and values		
Study type		Data sources		-		
McKendrick	Interventions:	Population:	Costs: Direct media	<i>cal:</i> physician time,	Olanzapine dominates	Perspective: NHS
and		Adults with bipolar	medication, labora	atory tests,	lithium	<u>Currency:</u> UK£
colleagues	Olanzapine	disorder I newly	hospitalisation, or	utpatient care, home		<u>Cost year:</u> 2003
(2007)		stabilised following	visits; costs of side	e effects not considered	Sensitivity analysis:	Time horizon: 12
	Lithium	response to olanzapine			Results most sensitive to risk	months
UK		and lithium	Total cost per pers	son:	and length of hospitalisation	Discounting: NA
		combination therapy	Olanzapine: £3,6	619	for mania, cost of	Applicability:
Cost-		for mania	(95	5% CI £2,941 to £4,385)	hospitalisation, and time	Directly applicable
effectiveness			Lithium: £4,4	419	horizon	Quality: Potentially
analysis		Study design:	(95	5% CI £3,537 to £5,563)		serious limitations
		Decision analytic			Results ranging from	Olanzapine is now
		modelling	Primary outcome:	:	olanzapine being dominant	available in generic
			Number of acute of	episodes	to ICER of olanzapine versus	form
		Source of effectiveness			lithium £367 per acute	
		data: Double-blind RCT	Number of acute of	episodes per person:	episode avoided	
			Olanzapine: 0.58	8 (95% CI, 0.53 to 0.64)		
		Source of resource use	Lithium: 0.8	1 (95% CI, 0.71 to 0.91)		
		data: UK chart review				
		and other published				
		sources				
		Source of unit cost data:				
		National sources				

Study ID	Intervention	Study population	Costs: description and values	Results: Cost-effectiveness	Comments
Country	details	Study design	Outcomes: description and values		
Study type		Data sources	*		
NCCMH	Interventions:	Population:	<u>Costs:</u> <i>Direct medical:</i> drug acquisition, visits to	(Relevant options not reported are dominated	Perspective:
(2006)		Adults with bipolar	consultant psychiatrists, senior house officers	by absolute or extended dominance)	NHŚ
	Olanzapine	I disorder in a	(SHOs), general practitioners (GPs),		Currency: UK£
UK	-	stable state	community psychiatric nurses (CPNs),	Men:	<u>Cost year:</u> 2006
	Valproate	following an acute	laboratory testing, treatment of acute episodes	A. Outcome – acute episodes averted or days	Time horizon:
Cost-	semisodium	episode (that is, in a	(hospitalisation, crisis teams, enhanced	free from episode:	5 years
effectiveness		sub-acute or	outpatient treatment, additional medication);	ICER of valproate versus lithium:	Discounting:
and cost-	Lithium	euthymic state).	costs of side effects not considered	£17,564/episode averted; £148/day free from	3.5%
utility analysis		Three sub-groups		episode	Applicability:
	No drug	assessed: men,	Total cost per person:	B. Outcome – QALY:	Partially
	treatment	women without	Men:	<i>Olanzapine versus lithium: £11,810/QALY</i>	applicable
		child-bearing	Olanzapine: £17,346		<u>Quality:</u> Very
		potential, and	Valproate: £15,550	Women without child-bearing potential:	serious
		women with child-	Lithium: £12,902	A. Outcome – acute episodes averted or days	limitations;
		bearing potential.	No treatment: £14,077	free from episode:	indirect
			Women:	<i>ICER of valproate versus lithium:</i> £16,529/acute	comparisons
		<u>Study design:</u>	Olanzapine: £17,461	episode averted; £104/day free from episode	using RCTs with
		Decision analytic	Valproate: £15,652	B. Outcome - QALY:	different study
		modelling	Lithium: £12,931	Olanzapine versus lithium: £11,419/QALY	designs and
			No treatment: £14,175		populations so
		Source of		Women with child-bearing potential:	method of
		effectiveness data:	Primary outcomes:	A. Outcome – acute episodes averted or days free	analysis was
		Indirect	 Number of acute episodes averted 	from episoae:	inappropriate
		comparisons using	 Number of days free from acute 	Lithium is dominant	
		double-blind RCTs	episode	D. Outcome - QALT:	Olanzapine is
			 Number of QALYs 	Olanzapine versus litnium: £11,419/QALY	now available in
		Source of resource		Provite consitions to office an data handling note	generic form
		<u>use data:</u> Expert	Number of acute episodes averted per person:	Results sensitive to emicacy data, baseline rate	
		opinion and	Men:	of manic to depressive episodes and baseline	
		published sources	Olanzapine: 295	risk of relapse	
			Valproate: 777	Drahability of alanganing being cost effective at	
		Source of unit cost	Lithium: 626	ATT 520,000/0 ALX: 00,02%	
		<u>data:</u> National	No treatment: 0	VVIF 120,000/QAL1: 90-92 /0	
		sources	Women:		
			Olanzapine: 297		

V. Longetone 700	
Vulproate: 785	
Lithium: 618	
No treatment: 0	
Number of days free from episode per person:	
Men:	
Olanzapine: 1,468	
Valproate: 1,527	
Lithium: 1,509	
No treatment: 1,455	
Women:	
Olanzapine: 1,480	
Valproate: 1,539	
Lithium: 1,513	
No treatment: 1,467	
QALYs per person:	
Men:	
Olanzapine: 3.57	
Valproate: 3.27	
Lithium: 3.19	
<i>No treatment:</i> 3.26	
Women:	
Olanzapine: 3.64	
Valproate: 3.32	
Lithium: 3.19	
<i>No treatment:</i> 3.29	

Study ID	Intervention	Study population	Costs: description and values	Results: Cost-	Comments
Country	details	Study design	Outcomes: description and values	effectiveness	
Study type		Data sources			
Revicki and	Intervention:	Population:	Costs: Direct medical: hospitalisation; outpatient psychiatric,	Non-applicable	Perspective: Third
colleagues	Valproate	Adults with bipolar I	physician, psychologist and other mental health provider		party payer
(2005)	semisodium	disorder, following	visits; emergency room visits; home health service visits;		Currency: US\$
	added to usual	discharge after	medication		<u>Cost year:</u> 1997
US	psychiatric care	hospitalisation for an			<u>Time horizon:</u>
	(including other	acute manic or mixed	Mean (standard error) total medical costs per person:		1 year following
Cost	medications);	episode	<i>Valproate semisodium:</i> \$28,911 (\$3,599)		hospital discharge
consequence	initiated at		<i>Lithium:</i> \$30,666 (\$7,364) (p = 0.693)		Discounting: NA
analysis	15–20 mg/kg/day	Study design:			HRQoL and
	or based on usual	Pragmatic, multicentre	Outcomes:		resource use data
	psychiatric practice	clinical trial,	Number of months without manic or depressive symptoms		collected via
		maintenance phase	according to the Diagnostic and Statistical Manual of Mental		telephone
	Comparator:	(33 US sites, n = 201)	Disorders, Fourth Edition (DSM-IV); participant functioning		interviews
	Lithium added to		and quality of life measured using the mental component		Applicability:
	usual psychiatric	Source of effectiveness	summary and physical component summary scores of the		Partially applicable
	care (including	data: Pragmatic trial	Short From Health Survey 36, the Mental Health Index and a		<u>Quality:</u> Potentially
	other medications);		questionnaire on disability days; adverse events and		serious limitations
	dosed up to	Source of resource use	continuation rates		
	1,800 mg/day	data: Pragmatic trial			
	during mania,	and further	Number of months without DSM-IV mania or depression		
	between	assumptions	(mean, SD):		
	900-1,200 mg/day		Valproate semisodium: 5.3 (4.6)		
	for maintenance	Source of unit cost data:	<i>Lithium:</i> $5.4 (4.4) (p = 0.814)$		
	therapy	National sources			
			Non-significant differences in any other outcomes between		
			groups		

Study ID	Intervention	Study population	Costs: description and values	Results: Cost-effectiveness	Comments
Country	details	Study design	Outcomes: description and values		
Study type		Data sources	-		
Soares-	Interventions:	Population:	Costs: Direct medical: medication,	Recent depressive episode:	Perspective: NHS
Weiser and		Adults with stabilised	laboratory tests, hospitalisation, staff time	Car, Imi, Lam and Olz dominated by	Currency: UK£
colleagues	Carbamazepine	bipolar disorder I;	(psychiatric consultant, senior house	other treatment options	<u>Cost year:</u> 2004-5
(2007)	(Car)	separate analysis for	officer, GP, community psychiatric nurse,	ICER of Li versus Val: £10,409/QALY	Time horizon: Over
		adults with a recent	practice nurse), crisis resolution and home	ICER of Li + Imi versus Li:	lifetime
UK	Imipramine	depressive episode	treatment teams; costs of side effects not	£21,370/QALY	Discounting: 3%
	(Imi)	and those with a	considered		Applicability:
Cost-utility		recent manic episode		Probability(%) of cost effectiveness at	Directly applicable
analysis	Lamotrigine		Total cost per person: recent depressive	willingness-to-pay £20,000/QALY:	<u>Quality:</u> Very
-	(Lam)	Study design:	episode / recent manic episode:	<i>Car:</i> 0.04	serious limitations;
		Decision analytic	<i>Car:</i> £96,951 / £103,503	<i>Imi:</i> 0.04	network meta-
	Lithium (Li)	modelling	Imi: £83,314 / £98,961	<i>Lam:</i> 4.72	analysis
		-	<i>Lam:</i> £64,117 / £70,964	<i>Li:</i> 35.74	inappropriate as
	Lithium plus	Source of	Li: £62,649 / £58,657	<i>Li</i> + <i>Imi</i> : 47.41	included RCTs had
	imipramine (Li	effectiveness data:	Li + Imi: £64,602 / £72,954	<i>Olz:</i> 0.09	different study
	+ Imi)	Systematic review	<i>Olz:</i> £65,659 / £50,347	<i>Val:</i> 11.96	designs
		and network meta-	Val: £56,233 / £57,320		-
	Olanzapine	analysis		Recent manic episode:	Olanzapine and
	(Olz)		Primary outcome:	Car, Imi, Lam, Li + Imi and Val	lamotrigine are now
		Source of resource	QALY	dominated by other treatment options	available in generic
	Valproate (Val)	use data: National		ICER of Li versus Olz: £11,359/QALY	form
		guidelines based on	QALYs gained per person: recent		
		expert opinion,	depressive episode / recent manic episode:	<pre>Probability(%) of cost effectiveness at</pre>	Distinction between
		published data and	Car: 13.95 / 14.24	willingness-to-pay £20,000/QALY:	people with a
		further assumptions	Imi: 14.47 / 14.57	<i>Car:</i> 0.29	previous manic
			Lam: 14.66 / 14.86	<i>Imi:</i> 0.00	versus depressive
		Source of unit cost	<i>Li:</i> 15.34 / 15.72	<i>Lam:</i> 0.21	episode and
		data: National	Li + Imi: 15.43 / 15.62	<i>Li:</i> 77.04	differential data
		sources	Olz: 14.39 / 14.99	<i>Li</i> + <i>Imi</i> : 8.94	based on very
			Val: 14.73 / 14.98	<i>Olz:</i> 11.12	limited evidence
				<i>Val:</i> 2.40	
				Populta consitivo to the accumption	
				that lithium reduces mortality	
				mai nunum reduces mortanty	

Study ID	Intervention	Study population	Costs: description and values	Results: Cost-effectivenes	Comments
Country	details	Study design	Outcomes: description and values		
Study type		Data sources			
Woodward	Interventions:	Population:	Costs: Direct medical: physician time,	Que + MS dominant	Perspective: Third-
and		Adults with bipolar	medication, laboratory tests, hospitalisation;		party payer
colleagues	Quetiapine	disorder I stabilised	costs of side effects not considered	Results most sensitive to	Currency: US\$
(2009)	adjunctive	with Que + MS		cost of quetiapine, risk and	<u>Cost year:</u> 2007
	to mood		Total cost per person:	length of hospitalisation	<u>Time horizon:</u>
US	stabiliser	Study design:	$Que + MS: \pm 12,930$	for acute episodes	2 years
	(lithium	Decision analytic	MS: £12,937	(especially manic), cost of	Discounting: 3%
Cost-	or valproate)	modelling		inpatient treatment for a	<u>Applicability:</u>
effectiveness	(Que + MS)		Primary outcomes:	manic episode	Partially applicable
and cost-		Source of effectiveness	 Number of acute episodes 		<u>Quality:</u> Potentially
utility	Mood stabiliser	<u>data:</u> Pooled data from	 Percentage of people hospitalised 		serious limitations
analysis	(lithium or	two double-blind RCTs	due to acute episodes		
	valproate) alone		• QALYs		Quetiapine is now
	(MS)	Source of resource use			available in generic
		data and unit costs:	Number of acute episodes per person:		form
		Published literature,	Que + MS: 1.5		
		national unit costs and	<i>MS:</i> 2.6		
		further assumptions			
			Percentage of people hospitalised due to		
			<u>acute episodes</u>		
			Que + MS: 0.43		
			<i>MS:</i> 0.77		
			QALYs per person		
			Que + MS: 1.491		
			MS: 1.440		

Study ID	Intervention	Study population	Costs: descript	tion and values	Results: Cost-effectivenes	Comments
Country	details	Study design	Outcomes: des	scription and values		
Study type		Data sources		-		
Woodward	Interventions:	Population:	Costs: Direct med	<i>lical:</i> physician time, medication,	Direct medical costs only:	Perspective: Third-
and		Adults with stabilised	laboratory tests,	hospitalisation; for societal	Que XR + MS dominates	party payer and
colleagues	Quetiapine fumarate	bipolar disorder I	perspective: loss	s of productivity. Costs of side	Lam, Olz, Ari and no	societal perspectives
(2010)	XR adjunctive		effects not consid	dered.	treatment.	Currency: US\$
	to mood stabiliser	Study design:			ICER of Que XR+ MS versus	<u>Cost year:</u> 2009
US	(lithium or valproate)	Decision analytic	Total healthcare	(societal) cost per person:	<i>MS:</i> \$22,959/QALY	<u>Time horizon:</u>
	(Que XR + MS)	modelling	Que XR + MS:	\$14,878 (\$16,351)	ICER of Que XR+ MS versus	2 years
Cost-			MS:	\$13,697 (\$16,356)	<i>Li:</i> \$100,235/QALY	Discounting: 3%
effectiveness	Mood stabiliser	Source of effectiveness	Li:	\$10,086 (\$12,444)		Applicability:
and cost-	(lithium or valproate)	data: Pooled data from	Lam:	\$16,449 (\$18,731)	Societal perspective:	Partially applicable
utility	alone (MS)	two double-blind RCTs	Olz:	\$15,300 (\$18,169)	Que XR + MS dominates	<u>Quality:</u> Very
analysis		evaluating Que +MS	Ari:	\$15,893 (\$18,055)	MS, Lam, Olz, Ari and no	serious limitations
	Lithium (Li)	versus MS (but NO	No treatment:	\$15,608 (\$19,689)	treatment	
		Que XR) and other			ICER of Que XR + MS	Olanzapine and
	Lamotrigine (Lam)	published literature	Primary outcom	les:	versus Li: \$81,712/QALY	lamotrigine are now
		identified via a non-	• Numbe	er of acute episodes		available in generic
	Olanzapine (Olz)	systematic review	 Number 	er of hospitalisations due to	Results most sensitive to	form.
			acute e	pisodes	efficacy, utility for the	Effectiveness data
	Aripiprazole (Ari)	Source of resource use	 QALYs 	3	euthymia state, cost of	taken from RCTs
		data and unit costs:			quetiapine XR, risk and	assessing quetiapine
	No maintenance	Published literature,	Number of acute	<u>e episodes (hospitalisations due</u>	length of hospitalisation	and not quetiapine
	treatment	national unit costs and	to acute episode	s) per person:	for manic episodes, and	XR
		further assumptions	Que $XR + MS$:	1.50 (0.43)	cost of inpatient treatment	
			MS:	2.63 (0.77)	for a manic episode	RCTs synthesised
			Li:	2.37 (0.66)		for all comparisons
			Lam:	2.29 (0.70)	Probability of cost	other than that
			Olz:	2.86 (0.71)	effectiveness at	between Que XR
			Ari:	2.16 (0.58)	willingness-to-pay	and MS versus MS
			No treatment:	3.99 (1.13)	<u>\$100,000/QALY:</u>	had different
					Que XR + MS: 50%	designs and
			QALYs per pers	<u>on:</u>	<i>L1:</i> 50%	populations, so
			Que XR + MS:	1.49		method of synthesis
			MS:	1.44		inappropriate
			Li:	1.44		
			Lam:	1.47		

Health economics – evidence tables

	Olz:	1.39	
	Ari:	1.45	
	No treatment:	1.36	