

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

References to included studies:

1. Calvert NW, Burch SP, Fu AZ, Reeves P, Thompson TR. The cost-effectiveness of lamotrigine in the maintenance treatment of adults with bipolar I disorder. *Journal of Managed Care Pharmacy*. 2006;12:322-30.
2. Ekman M, Lindgren P, Miltenburger C, Meier G, Locklear JC, Chatterton ML. Cost-effectiveness of quetiapine in patients with acute bipolar depression and in maintenance treatment after an acute depressive episode. *Pharmacoeconomics*. 2012;30:513-30.
3. Fajutrao L, Paulsson B, Liu S, Locklear J. Cost-effectiveness of quetiapine plus mood stabilizers compared with mood stabilizers alone in the maintenance therapy of bipolar I disorder: Results of a Markov model analysis. *Clinical Therapeutics*. 2009;3:1456-68.
4. McKendrick J, Cerri KH, Lloyd A, D'Ausilio A, Dando S, Chinn C. Cost effectiveness of olanzapine in prevention of affective episodes in bipolar disorder in the United Kingdom. *Journal of Psychopharmacology*. 2007;21:588-96.
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.
6. Revicki DA, Hirschfeld RM, Ahearn EP, Weisler RH, Palmer C, Keck PE Jr. Effectiveness and medical costs of divalproex versus lithium in the treatment of bipolar disorder: results of a naturalistic clinical trial. *Journal of Affective Disorders*. 2005;86:183-93.
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.
9. Woodward TC, Tafesse E, Quon P, Lazarus A. Cost effectiveness of adjunctive quetiapine fumarate extended-release tablets with mood stabilizers in the maintenance treatment of bipolar I disorder. *Pharmacoeconomics*. 2010;28:751-64.

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Calvert and colleagues (2006) US Cost-effectiveness and cost-utility analysis	<u>Interventions:</u> Lamotrigine Lithium Olanzapine No maintenance treatment	<u>Population:</u> Adults with bipolar disorder I stabilised after resolution of a mixed/ manic episode <u>Study design:</u> Decision analytic modelling <u>Source of effectiveness data:</u> Double-blind placebo-controlled RCTs (BOWDEN2003, CALABRESE2003) <u>Source of resource use data:</u> Published data, clinical guidelines and a physician survey <u>Source of unit cost data:</u> Published national sources	<u>Costs:</u> <i>Direct medical:</i> physician time, medication, laboratory tests, hospitalisation; costs of side effects not considered <u>Total annual cost per person:</u> <i>Lamotrigine:</i> \$6,503 <i>Lithium:</i> \$5,806 <i>Olanzapine:</i> \$7,395 <i>No treatment:</i> \$10,722 <u>Primary outcomes:</u> <ul style="list-style-type: none"> • Number of acute episodes avoided • Number of euthymic days achieved • QALYs <u>Annual number of acute episodes avoided:</u> <i>Lamotrigine:</i> 1.64 <i>Lithium:</i> 1.34 <i>Olanzapine:</i> 1.37 <i>No treatment:</i> 0 <u>Annual number of euthymic days per person:</u> <i>Lamotrigine:</i> 309 <i>Lithium:</i> 286 <i>Olanzapine:</i> 294 <i>No treatment:</i> 227 <u>Annual number of QALYs per person:</u> <i>Lamotrigine:</i> 0.762 <i>Lithium:</i> 0.735 <i>Olanzapine:</i> 0.739	No treatment is dominated by all drugs Lamotrigine dominates olanzapine for all three outcome measures <u>ICER of lamotrigine versus lithium:</u> <ul style="list-style-type: none"> • \$2,400 per acute episode avoided • \$30 per extra euthymic day • \$26,000 per QALY Results most sensitive to transition probabilities and utility values	<u>Perspective:</u> Direct payer <u>Currency:</u> US\$ <u>Cost year:</u> 2004 <u>Time horizon:</u> 18 months <u>Discounting:</u> NA <u>Applicability:</u> Partly applicable <u>Quality:</u> Very serious limitations; indirect comparisons using RCTs with different study designs and populations so method of analysis was inappropriate Lamotrigine and olanzapine are now available in generic form

Study ID	Intervention details	Study population	Costs: description and values	Results: Cost-effectiveness	Comments
Ekman and colleagues (2012)	<u>Interventions:</u> Quetiapine	<u>Population:</u> Adults aged 40 years with bipolar disorder (I or II) experiencing an acute depressive episode or being in remission	<u>Costs:</u> <i>Direct medical:</i> hospitalisation, outpatient care, crisis teams, staff costs including senior house officer (SHO), general practitioner (GP), community psychiatric nurse (CPN), practice nurse and dietician, drug acquisition, laboratory tests, costs of adverse events included; indirect costs considered in sensitivity analysis	<u>Start in remission:</u> Que and MS dominates all Que dominates all except Olz and Mixed <i>ICER of Que versus Olz:</i> £27,437/QALY <i>ICER of Que versus Mixed:</i> £41,691/QALY	<u>Perspective:</u> NHS <u>Currency:</u> UK£ <u>Cost year:</u> 2011 <u>Time horizon:</u> 5 years <u>Discounting:</u> 3.5% <u>Applicability:</u> Directly applicable <u>Quality:</u> Very serious limitations; evidence synthesis methods inappropriate as populations, phase of disorder and outcome measures differed across RCTs used for indirect comparisons
UK	Quetiapine and mood stabiliser (lithium or divalproex) (Que and MS)	<u>Study design:</u> Decision analytic modelling	<u>Primary outcome:</u> QALY	<i>Compared with Olz, probability of Que being cost-effective at WTP 0 and £30,000/QALY: 29%; 92%</i>	
Cost-utility analysis	Olanzapine (Olz)	<u>Source of effectiveness data:</u> RCTs and meta-analyses	<u>Costs and QALYs per 1000 people starting in remission:</u> <i>Que:</i> £18,928; 3.551 <i>Que and MS:</i> £16,534; 3.570 <i>Olz:</i> £18,209; 3.525 <i>Olz and Li 1:</i> £19,371; 3.537 <i>Olz and Li 2:</i> £19,197; 3.536 <i>Ari:</i> £22,062; 3.528 <i>Mixed:</i> £18,189; 3.534	Results robust under several alternative scenarios but moderately sensitive to inclusion of indirect costs, time horizon, treatment duration and dosages	Quetiapine and olanzapine are now available in generic form
	Olanzapine and lithium, olanzapine replaced by venlafaxine (Ven) in acute depression (Olz and Li 1)	<u>Source of resource use data:</u> published data based on expert opinion			
	Olanzapine and lithium, olanzapine replaced by paroxetine in acute depression (Olz and Li 2)	<u>Source of unit cost data:</u> National sources			
	Aripiprazole, replaced by olanzapine and venlafaxine in acute depression (Ari)				
	<i>Mixed scenario:</i> risperidone in mania, venlafaxine and lithium in depression, olanzapine in maintenance (Mixed)				

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<p>Fajutrao and colleagues (2009)</p> <p>UK</p> <p>Cost-effectiveness and cost-utility analysis</p>	<p><u>Interventions:</u></p> <p>Quetiapine adjunctive to mood stabiliser (lithium or valproate) (Que + MS)</p> <p>Mood stabiliser (lithium or valproate) alone (MS)</p>	<p><u>Population:</u> Adults with bipolar disorder I newly stabilised with a combination of Que and MS</p> <p><u>Study design:</u> Decision analytic modelling</p> <p><u>Source of effectiveness data:</u> Two double-blind placebo-controlled RCTs</p> <p><u>Source of resource use data:</u> Clinical guidelines mainly based on expert opinion</p> <p><u>Source of unit cost data:</u> National sources</p>	<p><u>Costs:</u> <i>Direct medical:</i> staff time (psychiatrist, senior house officer, general practitioner, community psychiatric nurse, laboratory nurse), medication, laboratory tests, hospitalisation, crisis resolution and home treatment teams; costs of side effects not considered</p> <p><u>Total cost per person:</u> Que + MS: £9,130 MS: £9,637</p> <p><u>Primary outcomes:</u></p> <ul style="list-style-type: none"> • Number of acute episodes • Percentage of people hospitalised due to acute episodes • QALYs <p><u>Number of acute episodes per person:</u> Que + MS: 0.84 MS: 1.84</p> <p><u>Percentage of people hospitalised due to acute episodes:</u> Que + MS: 0.30 MS: 0.42</p> <p><u>QALYs:</u> Que + MS: 1.57 MS: 1.50</p>	<p>Que + MS dominant</p> <p>Results most sensitive to risk and length of hospitalisation, cost of hospital stay, and quetiapine acquisition cost</p>	<p><u>Perspective:</u> NHS <u>Currency:</u> UK£ <u>Cost year:</u> 2007 <u>Time horizon:</u> 24 months <u>Discounting:</u> 3.5% <u>Applicability:</u> Directly applicable <u>Quality:</u> Potentially serious limitations</p> <p>Quetiapine and olanzapine (administered in mania) are now available in generic form</p>

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
McKendrick and colleagues (2007) UK Cost-effectiveness analysis	<u>Interventions:</u> Olanzapine Lithium	<u>Population:</u> Adults with bipolar disorder I newly stabilised following response to olanzapine and lithium combination therapy for mania <u>Study design:</u> Decision analytic modelling <u>Source of effectiveness data:</u> Double-blind RCT <u>Source of resource use data:</u> UK chart review and other published sources <u>Source of unit cost data:</u> National sources	<u>Costs: Direct medical:</u> physician time, medication, laboratory tests, hospitalisation, outpatient care, home visits; costs of side effects not considered <u>Total cost per person:</u> <i>Olanzapine:</i> £3,619 (95% CI £2,941 to £4,385) <i>Lithium:</i> £4,419 (95% CI £3,537 to £5,563) <u>Primary outcome:</u> Number of acute episodes <u>Number of acute episodes per person:</u> <i>Olanzapine:</i> 0.58 (95% CI, 0.53 to 0.64) <i>Lithium:</i> 0.81 (95% CI, 0.71 to 0.91)	Olanzapine dominates lithium <u>Sensitivity analysis:</u> Results most sensitive to risk and length of hospitalisation for mania, cost of hospitalisation, and time horizon Results ranging from olanzapine being dominant to ICER of olanzapine versus lithium £367 per acute episode avoided	<u>Perspective:</u> NHS <u>Currency:</u> UK£ <u>Cost year:</u> 2003 <u>Time horizon:</u> 12 months <u>Discounting:</u> NA <u>Applicability:</u> Directly applicable <u>Quality:</u> Potentially serious limitations Olanzapine is now available in generic form

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
NCCMH (2006) UK Cost-effectiveness and cost-utility analysis	<u>Interventions:</u> Olanzapine Valproate semisodium Lithium No drug treatment	<u>Population:</u> Adults with bipolar I disorder in a stable state following an acute episode (that is, in a sub-acute or euthymic state). <i>Three sub-groups assessed: men, women without child-bearing potential, and women with child-bearing potential.</i> <u>Study design:</u> Decision analytic modelling <u>Source of effectiveness data:</u> Indirect comparisons using double-blind RCTs <u>Source of resource use data:</u> Expert opinion and published sources <u>Source of unit cost data:</u> National sources	<u>Costs:</u> <i>Direct medical:</i> drug acquisition, visits to consultant psychiatrists, senior house officers (SHOs), general practitioners (GPs), community psychiatric nurses (CPNs), laboratory testing, treatment of acute episodes (hospitalisation, crisis teams, enhanced outpatient treatment, additional medication); costs of side effects not considered <u>Total cost per person:</u> Men: Olanzapine: £17,346 Valproate: £15,550 Lithium: £12,902 No treatment: £14,077 Women: Olanzapine: £17,461 Valproate: £15,652 Lithium: £12,931 No treatment: £14,175 <u>Primary outcomes:</u> <ul style="list-style-type: none"> • Number of acute episodes averted • Number of days free from acute episode • Number of QALYs <u>Number of acute episodes averted per person:</u> Men: Olanzapine: 295 Valproate: 777 Lithium: 626 No treatment: 0 Women: Olanzapine: 297	(Relevant options not reported are dominated by absolute or extended dominance) <u>Men:</u> A. Outcome – acute episodes averted or days free from episode: <i>ICER of valproate versus lithium:</i> £17,564/episode averted; £148/day free from episode B. Outcome – QALY: <i>Olanzapine versus lithium:</i> £11,810/QALY <u>Women without child-bearing potential:</u> A. Outcome – acute episodes averted or days free from episode: <i>ICER of valproate versus lithium:</i> £16,529/acute episode averted; £104/day free from episode B. Outcome – QALY: <i>Olanzapine versus lithium:</i> £11,419/QALY <u>Women with child-bearing potential:</u> A. Outcome – acute episodes averted or days free from episode: Lithium is dominant B. Outcome – QALY: <i>Olanzapine versus lithium:</i> £11,419/QALY Results sensitive to efficacy data, baseline rate of manic to depressive episodes and baseline risk of relapse <i>Probability of olanzapine being cost-effective at WTP £20,000/QALY: 90-92%</i>	<u>Perspective:</u> NHS <u>Currency:</u> UK£ <u>Cost year:</u> 2006 <u>Time horizon:</u> 5 years <u>Discounting:</u> 3.5% <u>Applicability:</u> Partially applicable <u>Quality:</u> Very serious limitations; indirect comparisons using RCTs with different study designs and populations so method of analysis was inappropriate Olanzapine is now available in generic form

			<p>Valproate: 783 Lithium: 618 No treatment: 0</p> <p><u>Number of days free from episode per person:</u> 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</p> <p><u>QALYs per person:</u> Men: Olanzapine: 3.57 Valproate: 3.27 Lithium: 3.19 No treatment: 3.26 Women: Olanzapine: 3.64 Valproate: 3.32 Lithium: 3.19 No treatment: 3.29</p>	
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Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost- effectiveness	Comments
Revicki and colleagues (2005) US Cost consequence analysis	<p><u>Intervention:</u> Valproate semisodium added to usual psychiatric care (including other medications); initiated at 15–20 mg/kg/day or based on usual psychiatric practice</p> <p><u>Comparator:</u> Lithium added to usual psychiatric care (including other medications); dosed up to 1,800 mg/day during mania, between 900–1,200 mg/day for maintenance therapy</p>	<p><u>Population:</u> Adults with bipolar I disorder, following discharge after hospitalisation for an acute manic or mixed episode</p> <p><u>Study design:</u> Pragmatic, multicentre clinical trial, maintenance phase (33 US sites, n = 201)</p> <p><u>Source of effectiveness data:</u> Pragmatic trial</p> <p><u>Source of resource use data:</u> Pragmatic trial and further assumptions</p> <p><u>Source of unit cost data:</u> National sources</p>	<p><u>Costs:</u> <i>Direct medical:</i> hospitalisation; outpatient psychiatric, physician, psychologist and other mental health provider visits; emergency room visits; home health service visits; medication</p> <p><u>Mean (standard error) total medical costs per person:</u> <i>Valproate semisodium:</i> \$28,911 (\$3,599) <i>Lithium:</i> \$30,666 (\$7,364) (p = 0.693)</p> <p><u>Outcomes:</u> Number of months without manic or depressive symptoms according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV); participant functioning and quality of life measured using the mental component summary and physical component summary scores of the Short Form Health Survey 36, the Mental Health Index and a questionnaire on disability days; adverse events and continuation rates</p> <p><i>Number of months without DSM-IV mania or depression (mean, SD):</i> <i>Valproate semisodium:</i> 5.3 (4.6) <i>Lithium:</i> 5.4 (4.4) (p = 0.814)</p> <p>Non-significant differences in any other outcomes between groups</p>	Non-applicable	<p><u>Perspective:</u> Third party payer <u>Currency:</u> US\$ <u>Cost year:</u> 1997 <u>Time horizon:</u> 1 year following hospital discharge <u>Discounting:</u> NA HRQoL and resource use data collected via telephone interviews <u>Applicability:</u> Partially applicable <u>Quality:</u> Potentially serious limitations</p>

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

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Woodward and colleagues (2009) US Cost-effectiveness and cost-utility analysis	<u>Interventions:</u> Quetiapine adjunctive to mood stabiliser (lithium or valproate) (Que + MS) Mood stabiliser (lithium or valproate) alone (MS)	<u>Population:</u> Adults with bipolar disorder I stabilised with Que + MS <u>Study design:</u> Decision analytic modelling <u>Source of effectiveness data:</u> Pooled data from two double-blind RCTs <u>Source of resource use data and unit costs:</u> Published literature, national unit costs and further assumptions	<u>Costs: Direct medical:</u> physician time, medication, laboratory tests, hospitalisation; costs of side effects not considered <u>Total cost per person:</u> Que + MS: £12,930 MS: £12,937 <u>Primary outcomes:</u> <ul style="list-style-type: none"> • Number of acute episodes • Percentage of people hospitalised due to acute episodes • QALYs <u>Number of acute episodes per person:</u> Que + MS: 1.5 MS: 2.6 <u>Percentage of people hospitalised due to acute episodes</u> Que + MS: 0.43 MS: 0.77 <u>QALYs per person</u> Que + MS: 1.491 MS: 1.440	Que + MS dominant Results most sensitive to cost of quetiapine, risk and length of hospitalisation for acute episodes (especially manic), cost of inpatient treatment for a manic episode	<u>Perspective:</u> Third-party payer <u>Currency:</u> US\$ <u>Cost year:</u> 2007 <u>Time horizon:</u> 2 years <u>Discounting:</u> 3% <u>Applicability:</u> Partially applicable <u>Quality:</u> Potentially serious limitations Quetiapine is now available in generic form

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Woodward and colleagues (2010) US Cost-effectiveness and cost-utility analysis	<u>Interventions:</u> Quetiapine fumarate XR adjunctive to mood stabiliser (lithium or valproate) (Que XR + MS) Mood stabiliser (lithium or valproate) alone (MS) Lithium (Li) Lamotrigine (Lam) Olanzapine (Olz) Aripiprazole (Ari) No maintenance treatment	<u>Population:</u> Adults with stabilised bipolar disorder I <u>Study design:</u> Decision analytic modelling <u>Source of effectiveness data:</u> Pooled data from two double-blind RCTs evaluating Que +MS versus MS (but NO Que XR) and other published literature identified via a non-systematic review <u>Source of resource use data and unit costs:</u> Published literature, national unit costs and further assumptions	<u>Costs:</u> <i>Direct medical:</i> physician time, medication, laboratory tests, hospitalisation; for societal perspective: loss of productivity. Costs of side effects not considered. <u>Total healthcare (societal) cost per person:</u> <i>Que XR + MS:</i> \$14,878 (\$16,351) <i>MS:</i> \$13,697 (\$16,356) <i>Li:</i> \$10,086 (\$12,444) <i>Lam:</i> \$16,449 (\$18,731) <i>Olz:</i> \$15,300 (\$18,169) <i>Ari:</i> \$15,893 (\$18,055) <i>No treatment:</i> \$15,608 (\$19,689) <u>Primary outcomes:</u> <ul style="list-style-type: none"> Number of acute episodes Number of hospitalisations due to acute episodes QALYs <u>Number of acute episodes (hospitalisations due to acute episodes) per person:</u> <i>Que XR + MS:</i> 1.50 (0.43) <i>MS:</i> 2.63 (0.77) <i>Li:</i> 2.37 (0.66) <i>Lam:</i> 2.29 (0.70) <i>Olz:</i> 2.86 (0.71) <i>Ari:</i> 2.16 (0.58) <i>No treatment:</i> 3.99 (1.13) <u>QALYs per person:</u> <i>Que XR + MS:</i> 1.49 <i>MS:</i> 1.44 <i>Li:</i> 1.44 <i>Lam:</i> 1.47	Direct medical costs only: Que XR + MS dominates Lam, Olz, Ari and no treatment. <i>ICER of Que XR+ MS versus MS:</i> \$22,959/QALY <i>ICER of Que XR+ MS versus Li:</i> \$100,235/QALY <i>Societal perspective:</i> Que XR + MS dominates MS, Lam, Olz, Ari and no treatment <i>ICER of Que XR + MS versus Li:</i> \$81,712/QALY Results most sensitive to efficacy, utility for the euthymia state, cost of quetiapine XR, risk and length of hospitalisation for manic episodes, and cost of inpatient treatment for a manic episode <u>Probability of cost effectiveness at willingness-to-pay \$100,000/QALY:</u> <i>Que XR + MS:</i> 50% <i>Li:</i> 50%	<u>Perspective:</u> Third-party payer and societal perspectives <u>Currency:</u> US\$ <u>Cost year:</u> 2009 <u>Time horizon:</u> 2 years <u>Discounting:</u> 3% <u>Applicability:</u> Partially applicable <u>Quality:</u> Very serious limitations Olanzapine and lamotrigine are now available in generic form. Effectiveness data taken from RCTs assessing quetiapine and not quetiapine XR RCTs synthesised for all comparisons other than that between Que XR and MS versus MS had different designs and populations, so method of synthesis inappropriate

Health economics – evidence tables

			Olz: 1.39		
			Ari: 1.45		
			No treatment: 1.36		