S.No.	Study ID	Author				
		Lead Author	Lead author country	Lead author background	Total No. of authors	No. of foreign authors
		Name	1=national 2=foreign	1=clinician 2= health economist 3=public health expert 4=epidemiologist 5=pharmacologist		

Year of Publication	Disease Area		Type of intervention	
	Disease category	Disease specify	Intervention	Place of care
	ICD-10		1=Diagnostic 2=Rehabilitative 3=Pharmaceutical/ therapeutic 4=vaccine 5=HT/Device 6=Programmatic/service delivery 7=Public Health programme 8=screening 9=surgical	1=community based 2=facility based 3=both

n	Funding source			Type of Economic Evaluation
Type of care	Reported	Source		
1=Preventive 2=curative 3=both 4=diagnostic 5=rehabilitative	1=Yes 0=No	1=National 2=International donor 3=Private agency 4=No funder 5=Multiple funding agencies 6=NA	Specify	1=CMA 2=CEA 3=CUA 4=CBA

Study design	Intervention					
	Mentioned	Clearly described				
1=Trial based 2=Model based 3=Both 4=cohort/observational study based	1=Yes 2=No	Who	does what	to whom	where	how often

Comparator				Target Population	
Mentioned		Justified	Comments	Demographic details	Disease specific details
1=Yes 2=No	1=Do nothing 2=std 3=Best alternative 4=least costly 5=multiple scenarios 6=most commonly used 7=other			1=Yes 0=No	1=Yes 0=No

Effectiveness evidence	Perspective	Time Horizon			
			Whether justified	Needed	Done
1=clinical trial 2=primary systematic review 3=published systematic review 4=review 5=expert opinion (assumption) 6=retrospective review of patients 7= publishedcohort study/obs study 8=published rct 9=primary cohort/ob study	1=Healthcare Provider 2= Patient 3= Societal 4= modified societal (excluding productivity loses) 5=Not clear 6=Not mentioned 7=health insurance	No.of years	1=Yes 0=No	1=Yes 0=No	1=Yes 0=No

Modelling						
Whether model developed oR pRe-existing model was used	Type 0f model	Type	Model spec	Model structure (schematic diagram)	Whether costs reported	Source of cost data
1=developed 2=preexisting 3=adapted	1=Markov 2= Decision Tree 3=NA 4=mathematical model 5=modelling tool	1=deterministic 2=probabilistic 3=static 4=dynamic 5=cohort 6=individual		1=Yes 0=No 2=NA 3=reference given	1=Reported 0=No	1=Primary 2=secondary 3=Both 4=expert opinion 5=ALL 6=NOT CEAR

Costs						Outcomes	
Type of costs	Total costs	Unit costs	cost reference data	Cost currency	Conversion details		Source
1= Direct HS costs 2=Direct OOP costs/Patient costs 3=Indirect costs 4= 1and 2 5=All 6=not reported 7=drug prices only 8=not clear	1=Yes 0=No	1=Yes 0=No	1=yes 0=No	1=USD 2=SA rand 3=both	1=Yes 0=No 2=NA	1=QALY 2=DALY 3=LY 4=clinical 5=deaths averted 6=illness prevented 7=not clear 8=na 9=monetory	1=previous study 2=primary data collection

Utility idex values			Discounting				
Source specified	Methodology	Specify	Costs discounted	Outcomes Discounted	Rate	Source of dr	Specify Source
1=given 0=not given 2=NA	1=EQ5D 2=SF36 3=HUI 4=review 5=computed using model 6=trial based 7=nA 8=disease specific tool; 9=TTO 10-GBD 11-SG		1=Yes 0=No	1=Yes 0=No 2=NA	Exact rate	1=given 0= not given 2=NA	

Uncertainity analysis				BIA	Equity analysis
needed	done	Type of SA	How were ranges defined		
1=yes 0=no	1=Done 0=Not done	1= Univariate 2=bivariate 3= PSA 4= uni and bi 5= uni and PSA 0=NA 6=uni,bi,psa 7=uni and bootstrapping	1=expert opinion 2=rol 3=CI of primary study 4=not clear	1=Done 0=Not done	1=Done 0=Not done

Guidelines followed/cited
0-none 1= Consolidated Health Economic Evaluation Reporting Standards 2=ISPOR-SMDM Good Research Practices Task Force guidelines on uncertainty in model-based analyses 3=iDSI reference case 4=country specific guidelines

S.No.	Study ID	**1. Was a well-defined study question posed in an answerable form?**	1 a. Did the study examine both costs and effects of the service(s) or programme(s)?	1 b. Did the study involve a comparison of alternatives?	1 c. Was a viewpoint for the analysis stated and was the study placed in any particular decision-making context?
		1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

2. Was a comprehensive description of the competing alternatives given?	2 a.Were there any important alternatives omitted?	2 b.Was (should) a do-nothing alternative be considered?	**3. Was the effectiveness of the program established?**	3 a.Was this done through a randomised, controlled clinical trial? If so, did the trial protocol reflect what would happen in regular practice?
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

3 b.Was effectiveness established through an overview of clinical studies?	3 c.Were observational data or assumptions used to establish effectiveness? If so, what are the potential biases in results?	**4. Were all relevant costs and consequences identified?**	4 a.Was the range wide enough for the research question at hand?	4 b.Did it cover all relevant viewpoints?
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

4 c.Were the capital costs, as well as operating costs, included?	**5. Were costs and consequences measured accurately in appropriate physical units?**	5a Were any of the identified items omitted from measurement? If so, does this mean that they carried no weight in the subsequent analysis?	5 b. Were there any special circumstances that made measurement difficult? Were these circumstances handled appropriately?	**6. Were costs and consequences valued credibly?**
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

6a.Were the sources of all values clearly identified?	6b. Were market values employed for changes involving resources gained or depleted?	6c.Where market values were absent, or did not reflect actual values, were adjustments made to approximate market values?	6d. Was the valuation of consequences appropriate for the question posed	**7. Were costs and consequences adjusted for differential timing?**
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

7a.Were costs and consequences that occur in the future 'discounted' to their present values?	7b.Was there any justification given for the discount rate used?	**8.Was an incremental analysis of costs and consequences of alternatives performed?**	8 a.Were the additional (incremental) costs generated by one alternative over another compared to the additional effects, benefits, or utilities generated?	**9. Was allowance made for uncertainty in the estimates of costs and consequences?**
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

9 a. If data on costs and consequences were stochastic, were appropriate statistical analyses performed?	9 b. If a sensitivity analysis was employed, was justification provided for the range of values (or for key study parameters)?	9c. Were the study results sensitive to changes in the values ?	**10. Did the presentation and discussion of study results include all relevant information?**
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

10 a. Were the conclusions of the analysis based on some overall index or ratio of costs to consequences? If so, was the index interpreted intelligently or in a mechanistic fashion?	10 b.Were the results compared with those of others who have investigated the same question? If so, were allowances made for potential differences in study methodology?	10 c.Did the study discuss the generalizability of the results to other settings and patient/client groups?	10d. Did the study allude to, or take account of, other important factors in the choice or decision under consideration (e.g.distribution of costs and consequences, or relevant ethical issues)?
1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA	1=Yes 2=No 3=Not clear 4-NA

10e. Did the study discuss issues of implementation, such as the feasibility of adopting the 'preferred' programme given existing financial or other constraints, and whether any freed resources could be redeployed to other worthwhile programmes?
1=Yes 2=No 3=Not clear 4-NA

S.No.	Study ID	Decision problem is clearly stated					e of evalua	Target Population	
		1=Intervention and comparator mentioned 0=not mentioned	1=study setting described 0=no	1=perspective state 0=No	1=Target population described 0=No	1=Target audience specified 0=No	CUA=1 Others=0	1=described 0=no	1=Sub-groups identified 2=No subgroups and justification given 0=No subgroups

Comparato	Perspectiv	Time Horiz	time horizo	Discounting		Modelling			Effectivene
1=Current care 0=Other	1=healthc are payer 0=others	1=mentio ned 0=not mentione d	1=justifie d 0=not justified	1=costs and outcomes discounte d at 1.5% 0=others	1=SA for 0-3% 0=others or not done	1=model structure described and presented 0=no	1=model validated 0=not validated	1= model parament ers listed 0=no	1=evidenc e on effectiven ess reported and justified 0=NO

Health outcomes			costs		analysis		uncertainty	
1=QALYs used 0=Others	Health preferences to be obtained using generic tools 1=EQ5D/ HUI/SF-36 used 0=others	1=health preference of caadian population 0=others	1=all costs included	1=cost data based on canadian sources	1=ICERs reported	sequential analysis of costeffectiveness coducted 1=yes 0=No	1=PSA done 0=No	1=methodological uncertainity explored comparing reference case and non-reference case results

		equity
1=no. of monte-carlo simulations reported	1=CEA curves presented	1= Isssues addressed through Subgroup analysis

S.No.	Stiudy ID	Description of disease						
		Demographics of patients suffering from this condition including target population	Epidemiological data	disease burden	Current treatments/diagnostic tests	challenges of current treatment	Any existing Clinical Guidelines	Pharmacological Class and Action
		1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA

Details of medicine			Comparator					
Clinical indication	treatment details (dosages)	co-administered therapies (if any)	1=SOC 0=others	1=justified 0=no	Pharmacological Class and Action	Clinical indication	treatment details (dosages)	co-administered therapies (if any)
1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA			1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA

Clinical outcome (Effectivness)	Perspective		Time horizon		Type of pharmacoeconomic analysis	Modeling			
1= source given and based on SORT hierarchy 0=others	1=third party payer (funder) 0=others	1=if braoder perspective used justified 0=not justified	1=based on natural course of disease 0=no	1=stated and justified 2=stated and not justified 3=not stated	1=clearly stated and justified 2=stated but not justified 3=not stated	model justification	type	schematic diag	main clinical outcome to be modelled
						1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA

			Resource use and costing inputs						Discou
time horizon of model	model population	model inputs with source	table depicting type of reource included	natural unit of measure mnet	unit cost	source/reference	SA sources/ validated and adjustd for SA	SA on total costs and unit costs	1=done at 5% 0=not done/done at rate other than 5%
1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA	1=yes 2=no 3=NA

unting	Uncertainity analysis					Results		
1=SA done at 0-10% 0=not done, others	1=OWSA done 0=not done	1=range based on Cis/best case-worse case 0=not clear/not mentioned/others	1=presented in tabular form 0=not presented	1= TWSA done 0=not done	1=if model based, psa don 0=not done	1=disaggred results presented 0=no	1=aggregated results 0=no	1=incremental results reported 0=no

1=yes
2=no
3=NA

S.No.	Study ID	Disease and technology Background						
		Disease epidemology	Treatment Pathways	Pharmacological class	dose regimen	Route	resuts of clinical studies performed till date	Rationale
		1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No

Study Design			Comparator	Target Population			Subgroup analysis	
study perspective	Intervention	Comparator	widely used and reimbursed	demographic char	disease characteristics	treatment setting	Done	Justiification
1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=yes 0=No	1=Yes 0=No 2=NA	1=Yes 0=No 2=NA

Economic evaluation method	Time horizon	Outcome		Evidence on effectivene
Justified	Justified	Outcome measure	Methodology	
1=Yes 0=No	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no

Costs							
Data source	Reference period costs	Unit price mentioned	Direct medical costs	Direct non medical (SA optional)	Indirect costs (SA optional)	Indirect costs rationality	Indirect costs methods
1=primary 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes; NA	1=yes; NA	1=yes; NA

Model				Discounting				Uncertainti
Model described in detail	Model structure given	Data elements	Model validation	Costs discounted	Outcomes discounted	3.5% Discount rate was used	discount rate was varied 2-6%	DSA done
1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no 2=NA	1=yes 0=no

ty analysis	Presenting resuts						
Model assumptios clearly stated	Total costs reported sepratly	Total health outcomes seprately	Aggregate results explained	Parameters in tabular form with references	ICERs calculated	Equity discussed	Affordability discussed
1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no	1=yes 0=no

Generalizability effectiveness	Geeralizability of resource use
1=yes 0=no	1=yes 0=no