**Appendix of Supplementary Information**

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| Appendix 1 - **Quality of Health Economic Studies (QHES) score of included articles** |
| QHES Question (pts possible) | Slotman ‘98 | V.D. Akker ‘11 | Lucio ‘12 | Parker ‘12 | Wang ‘12 | Pelton ‘12 | Udeh ‘13 | Cahill ‘13 | Parker ‘13 | Siingh ‘13 | Parker ‘14 | Sulaiman ‘14 | Maillard ‘15 | R’sand ‘15 | V’tuani ‘15 | G’hoke ‘16 | Djurasovic‘19 |
| Was the study objective presented in a clear, specific, and measurable manner? (7 pts) | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Were the perspective of the analysis (societal, third-party payer, etc.) and reasons for its selection stated? (4 pts) | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Were variable estimates used in the analysis from the best available source (i.e. randomized controlled trial = best, expert opinion = worst)? (8 pts) | 2 | 8 | 4 | 4 | 2 | 4 | 4 | 2 | 2 | 4 | 4 | 2 | 2 | 2 | 4 | 2 | 4 |
| If estimates came from a subgroup analysis, were the groups prespecified at the beginning of the study? (1 pt) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Was uncertainty handled by (1) statistical analysis to address random events, (2) sensitivity analysis to cover a range of assumptions? (9 pts) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 |
| Was incremental analysis performed between alternatives for resources and costs? (6 pts) | 0 | 6  | 0 | 6 | 0  | 0 | 0 | 0 | 6 | 0  | 6 | 0 | 0 | 6 | 0 | 0 | 0 |
| Was the methodology for data abstraction (including the value of health states and other benefits) stated? (5 pts) | 0 | 5 | 0 | 5 | 0 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 5 | 5 | 5 | 0 | 5 |
| Did the analytic horizon allow time for all relevant and important outcomes? Were benefits and costs that went beyond 1 year discounted (3% to 5%) and justification given for the discount rate? (7 pts) | 0 | 7 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 |
| Was the measurement of costs appropriate and the methodology for the estimation of quantities and unit costs clearly described? (8 pts) | 4 | 8 | 4 | 8 | 4 | 8 | 8 | 4 | 8 | 4 | 8 | 4 | 4 | 8 | 8 | 8 | 4 |
| Were the primary outcome measure(s) for the economic evaluation clearly stated and did they include the major short-term, long-term and negative outcomes included? (6 pts) | 0 | 0 | 6 | 0 | 6 | 6 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 6 | 6 |
| Were the health outcomes measures/scales valid and reliable? If previously tested valid and reliable measures were not available, was justification given for the measures/scales used? (7 pts) | 0 | 7 | 0 | 7 | 0 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 7 | 7 | 7 | 7 |
| Were the economic model (including structure), study methods and analysis, and the components of the numerator and denominator displayed in a clear, transparent manner? (8 pts) | 0 | 8 | 0 | 0 | 0 | 0 | 8 | 0 | 8 | 0 | 8 | 0 | 8 | 8 | 8 | 8 | 8 |
| Were the choice of economic model, main assumptions, and limitations of the study stated and justified? (7 pts) | 0 | 7 | 0 | 0 | 0 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 7 | 7 | 7 | 7 |
| Did the author(s) explicitly discuss direction and magnitude of potential biases? (6 pts) | 0 | 0 | 0 | 6 | 6 | 6 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 6 | 6 | 6 | 6 |
| Were the conclusions/recommendations of the study justified and based on the study results? (8 pts) | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |