

Online Resource 4: CHEERS Checklist

A Cost-utility Analysis of Add-on Cannabidiol Versus Usual Care Alone for the Treatment of Seizures Associated With Tuberous Sclerosis Complex in England and Wales

Colin Burke¹, Catriona Crossan¹, Emma Tyas¹, Matthew Hemstock¹, Dawn Lee¹, Sally Bowditch²

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Corresponding author: Colin Burke. **Affiliation:** Lumanity, Inc., Great Suffolk Yard, 121–131 Great Suffolk Street, London, SE1 1PP, UK. **Email:** Colin.Burke@lumanity.com

Declarations

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Conflicts of interest

All authors met the ICMJE authorship criteria and had full access to the relevant data. Neither honoraria nor payments were made for authorship. Colin Burke and Emma Tyas are employees of Lumanity, Inc.; Catriona Crossan, Matthew Hemstock, and Dawn Lee were employees of Lumanity, Inc., when the study was conducted and are currently employed by Putnam, Source Health Economics, and the University of Exeter, respectively. Sally Bowditch is an employee of Jazz Pharmaceuticals, Inc., and holds stock / stock options in Jazz Pharmaceuticals, Inc.

CHEERS 2022 Checklist

	Item	Guidance for Reporting	Reported In Section
TITLE			
Title	1	Identify the study as an economic evaluation and specify the interventions being compared.	Title Page
ABSTRACT			
Abstract	2	Provide a structured summary that highlights context, key methods, results and alternative analyses.	Abstract
INTRODUCTION			
Background and objectives	3	Give the context for the study, the study question and its practical relevance for decision making in policy or practice.	1. Introduction
METHODS			
Health economic analysis plan	4	Indicate whether a health economic analysis plan was developed and where available.	2. Methods
Study population	5	Describe characteristics of the study population (such as age range, demographics, socioeconomic, or clinical characteristics).	2.1 Patient Population
Setting and location	6	Provide relevant contextual information that may influence findings.	2.1 Patient Population
Comparators	7	Describe the interventions or strategies being compared and why chosen.	2. Methods and 2.1 Patient Population
Perspective	8	State the perspective(s) adopted by the study and why.	2. Methods
Time horizon	9	State the time horizon for the study and why appropriate.	2. Methods
Discount rate	10	Report the discount rate(s) and reason chosen.	2. Methods
Selection of outcomes	11	Describe what outcomes were used as the measure(s) of benefit(s).	2.2 Seizure Types, 2.4 Model Overview and Structure, 2.11 Outcomes
Measurement of outcomes	12	Describe how outcomes used to capture benefit(s) and harm(s) were measured.	2.4 Model Overview and Structure, 2.5 Health States Categorization, 2.10 Health State Utilities
Valuation of outcomes	13	Describe the population and methods used to measure and value outcomes.	2.1 Patient Population, 2.8 Healthcare Resource Utilization, 2.10 Health State Utilities
Measurement and valuation of resources and costs	14	Describe how costs were valued.	2.4 Model Overview and Structure, 2.7 Drug Cost Inputs, 2.9 Adverse Event, Monitoring, and TAND Management Unit Costs
Currency, price date, and conversion	15	Report the dates of the estimated resource quantities and unit costs, plus the currency and year of conversion.	2.7 Drug Cost Inputs, 2.8 Healthcare Resource Utilization, 2.9 Adverse Event, Monitoring, and TAND Management Unit Costs
Rationale and description of model	16	If modelling is used, describe in detail and why used. Report if the model is publicly available and where it can be accessed.	2. Methods, 2.4 Model Overview and Structure, 2.6 Regression Models
Analytics and assumptions	17	Describe any methods for analysing or statistically transforming data, any extrapolation methods, and approaches for validating any model used.	2.6 Regression Models
Characterizing heterogeneity	18	Describe any methods used for estimating how the results of the study vary for sub-groups.	2.7 Drug Cost Inputs, 2.12 Sensitivity and Scenario Analyses
Characterizing distributional effects	19	Describe how impacts are distributed across different individuals.	N/A
Characterizing uncertainty	20	Describe methods to characterize any sources of uncertainty in the analysis.	2.12 Sensitivity and Scenario Analyses
Approach to engagement with patients and others affected by the study	21	Describe any approaches to engage patients or service recipients, the general public, communities, or stakeholders (e.g., clinicians or payers) in the design of the study.	2.5 Health States Categorization
RESULTS			
Study parameters	22	Report all analytic inputs (e.g., values, ranges, references) including uncertainty or distributional assumptions.	3. Results 3.1 Base Case

Summary of main results	23	Report the mean values for the main categories of costs and outcomes of interest and summarise them in the most appropriate overall measure.	3.1 Base Case
Effect of uncertainty	24	Describe how uncertainty about analytic judgments, inputs, or projections affect findings. Report the effect of choice of discount rate and time horizon, if applicable.	3.2 One-Way Sensitivity Analysis, 3.3 Probabilistic Sensitivity Analysis, 3.4 Scenario Analysis
Effect of engagement with patients and others affected by the study	25	Report on any difference patient/service recipient, general public, community, or stakeholder involvement made to the approach or findings of the study	3.4 Scenario Analysis
DISCUSSION			4. Discussion
Study findings, limitations, generalizability, and current knowledge	26	Report key findings, limitations, ethical or equity considerations not captured, and how these could impact patients, policy, or practice.	4. Discussion
OTHER RELEVANT INFORMATION			
Source of funding	27	Describe how the study was funded and any role of the funder in	Declarations: Funding
Conflicts of interest	28	Report authors conflicts of interest according to journal or International Committee of Medical Journal Editors requirements.	Declarations: Conflicts of interest

Husereau D, Drummond M, Augustovski F, de Bekker-Grob E, Briggs AH, Carswell C, Caulley L, Chaiyakunapruk N, Greenberg D, Loder E, Mauskopf J, Mullins CD, Petrou S, Pwu RF, Staniszewska S; CHEERS 2022 ISPOR Good Research Practices Task Force. Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations. *BMJ*. 2022;376:e067975.

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