

[illegible]

| Author                                                              | Cost categories                                                                                                                                                                     | Δ Costs                                | Outcome                              | ICER                                             | CEA                                                               | QALY                   | ICUR                                               | CUA                                                                                                                                    | CBA                       | Results                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Titov, 2015<br><br>Healthcare,<br>(N.R., AU\$)                      | - Direct costs: healthcare resource use (admissions, consultations, medication use), intervention (therapist's time)<br><br>Source: resource use, health-care visits                | \$52                                   | N.A.                                 | N.A.                                             | N.A.                                                              | EQ-5D-5L <sup>*d</sup> | AU\$4,392 NE                                       | 8% <sup>e</sup> , 95% <sup>e</sup> , 95% <sup>e</sup>                                                                                  | N.A.                      | Guided iCBT vs. WLC:<br><br>ICUR: £2,466/QALY gained<br><br>iCBT resulted more QALY at higher costs.                                                                                                                                                                                     |
| Van Luenen, 2019<br><br>Societal, Healthcare (2017, €)              | - Direct costs: intervention, healthcare<br>- Indirect costs: productivity losses<br><br>Source: TiC-P                                                                              | Societal: €-731<br><br>Healthcare: €11 | N.A.                                 | N.A.                                             | N.A.                                                              | SF-6D                  | Societal: N.R., SE<br><br>Healthcare: N.R., NE     | Societal: 95% <sup>f</sup> , 96% <sup>f</sup> , 98% <sup>f</sup><br>Healthcare: 48% <sup>f</sup> , 88% <sup>f</sup> , 94% <sup>f</sup> | N.A.                      | Guided iCBT vs. AC + WLC:<br><br>iCBT generated less (societal) and higher (healthcare) costs/QALY gained.                                                                                                                                                                               |
| Brabyn, 2016<br><br>Healthcare (2012/13, £)                         | - Direct costs: service use, medication, intervention (only telephone support)<br><br>Source: CSSRI                                                                                 | £591                                   | N.A.                                 | N.A.                                             | N.A.                                                              | EQ-5D-5L               | N.R., SE                                           | 50%, 55%, 55%                                                                                                                          | N.A.                      | Guided iCBT vs. unguided iCBT:<br><br>Guided iCBT resulted in more QALYs gained at lower costs.                                                                                                                                                                                          |
| Geraedts 2015<br><br>Societal, Employer (2012, €)                   | - Direct costs: medical/non-medical costs, occupational health, intervention<br>- Indirect costs: productivity losses<br><br>Source: TiC-P, WHO-HPQ                                 | Societal: €-714<br><br>Employer: €-508 | CES-D, clinically significant change | Societal: €-6,645 SE<br><br>Employer: €-4,664 SE | Societal: 62%, N.A., €44,000<br><br>Employer: 55%, N.A., €115,000 | EQ-5D-3 L              | Societal: €532,959 SW<br><br>Employer: €382,354 SW | Societal: N.R.; max. 62%<br><br>Employer: N.R.; max. 55%                                                                               | NB: €508<br><br>BCR: €2.8 | Guided iPST vs. TAU <sup>Nb</sup> :<br><br>ICER: £-6,486 (societal), £-4,552 (employer)/significant change<br>ICUR: £520,203 (societal), £373,203 (employer)/QALY gained<br><br>iPST dominated regarding clinically significant change but resulted in less QALYs gained at lower costs. |
| Hollinghurst , 2010<br><br>Healthcare (inferred societal) (2007, £) | - Direct costs: NHS service use, personal expenditures, intervention (no costs for IMI/website)<br>- Indirect costs: productivity (workdays lost)<br><br>Source: resource use diary | £469                                   | BDI “Recovery” (BDI <10)             | £3,528 NE                                        | N.R.                                                              | EQ-5D                  | £17,173 NE                                         | 0% <sup>f</sup> , 56% <sup>f</sup> , 75% <sup>f</sup>                                                                                  | N.A.                      | Guided iCBT vs. WLC <sup>Nb</sup> :<br><br>ICER: £4,686/recovered person<br>ICUR: £22,810/ QALY gained<br><br>iCBT resulted in greater effects and more QALY gained at higher costs.                                                                                                     |

| Author                                         | Cost categories                                                                                                                                             | Δ Costs                                                                    | Outcome                                                    | ICER                              | CEA                                        | QALY                    | ICUR                                                        | CUA                                                                                                                                                                                   | CBA  | Results                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------|--------------------------------------------|-------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Klein, 2018<br>Societal,<br>(2014, €)          | - Direct costs: intervention, healthcare, participant<br>- Indirect costs: productivity losses<br><br>Source: TiC-P                                         | €1008                                                                      | Depression-free days                                       | N.R., NE                          | 40%, €50 <sup>f</sup> , max 65%            | EQ-5D-3L                | N.R., NE                                                    | 18%, max 40%                                                                                                                                                                          | N.A. | iPCT +TAU vs. TAU:<br><br>iPCT resulted in greater effects and more QALY gained at higher cost.                                                                                                                                                                                                                               |
| Littlewood, 2015<br>Healthcare<br>(2011/12, £) | - Direct costs: primary care, hospital, other community services, medication, intervention<br><br>Source: GP medical records                                | iCBT1 vs. uGPC: £104<br><br>iCBT2 vs. uGPC: £-106                          | N.A.                                                       | N.A.                              | N.A.                                       | EQ-5D                   | iCBT1 vs. TAU: £6,933 SW<br><br>iCBT2 vs. TAU: dominated NW | iCBT1: 94% <sup>f</sup> ; 42% <sup>f</sup> 38% <sup>f</sup><br><br>iCBT2: 0% <sup>f</sup> , 0.04% <sup>f</sup> , 4% <sup>f</sup><br><br>uGPC: 6% <sup>f</sup> ; 55%, 58% <sup>f</sup> | N.A. | Unguided iCBT 1 vs. uGPC <sup>Nb</sup> :<br><br>ICUR: £7,838/QALY gained<br>iCBT1 resulted in lower costs and less QALY gained.<br><br>Unguided iCBT 2 vs. uGPC:<br><br>iCBT2 resulted in higher costs and less QALY gained. uGPC alone compared with iCBT was most likely to be cost-effective.<br>Guided iCBT (1) vs. TAU+: |
| Nobis, 2018<br>Societal<br>(2013, €)           | - Direct costs: healthcare services, medication, travel expenses, intervention<br>- Indirect costs: domestic help, productivity losses<br><br>Source: TiC-P | €97                                                                        | Treatment response (CES-D): Reliable change Index and ≤ 23 | €233 NE                           | 48%; €250 <sup>f</sup> €4,800 <sup>f</sup> | EQ-5D-3L                | €10,708 NE                                                  | 46%; N.R., €14,000 = 51%                                                                                                                                                              | N.A. | ICER: £244/treatment response<br>ICUR: £11,215/QALY gained<br><br>iCBT resulted in greater effects and more QALY gained at higher cost<br>Unguided iCBT1 vs. TAU+:                                                                                                                                                            |
| Romero-Sanchiz, 2017<br>Societal<br>(2014, €)  | - Direct costs: healthcare sector (GP, hospital stays), medication<br>-Indirect costs: absenteeism<br><br>Source: CSSRI                                     | iCBT1 vs. TAU <sup>+</sup> : €-409<br><br>iCBT2 vs. TAU <sup>+</sup> : €41 | BDI-II, point improvement* <sup>g</sup>                    | iCBT1 €-98 SE<br><br>iCBT2 €10 NE | N.R.                                       | EQ-5D-3 L* <sup>g</sup> | iCBT1: €-5,160 SE<br><br>iCBT2: €497 NE                     | N.R.                                                                                                                                                                                  | N.A. | ICER: £-99/point improvement<br>ICUR: £-5,201 per QALY<br>iCBT1 dominated TAU <sup>+</sup><br><br>Guided iCBT2 vs. TAU <sup>+</sup> :<br><br>ICER: £10/point improvement<br>ICUR: £501/QALY gained<br>iCBT2 resulted in greater effects and more QALY gained at higher cost.                                                  |

| Author                  | Cost categories                                                                                                             | Δ Costs              | Outcome                                    | ICER                    | CEA                                                           | QALY                   | ICUR                     | CUA                                                          | CBA  | Results                                                                                         |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------|-------------------------|---------------------------------------------------------------|------------------------|--------------------------|--------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------|
| Warmerdam , 2010        | - Direct costs: medical/non-medical costs (e.g., traveling, parking), intervention                                          | iCBT vs. WLC: €256   | Clinically significant change (CES-D < 16) | iCBT vs. WLC: €1,817 NE | iCBT vs. WLC: 30%, €2,500 <sup>f</sup> , €25.000 <sup>f</sup> | EQ-5D                  | iCBT vs. WLC: €22,609 NE | iCBT vs. WLC: 28%; 44% <sup>f</sup> , 55% <sup>f</sup>       | N.A. | Guided iCBT vs. WLC: ICER: £2,147/clinical change ICUR: £26,713/QALY gained                     |
| Societal (2007, €)      | -Indirect costs: domestic help, productivity losses                                                                         | iPST vs. WLC: €147   |                                            | iPST vs. WLC: €1,248 NE | iPST vs. WLC: 38%, €2,000 <sup>f</sup> , €35.000 <sup>f</sup> |                        | iPST vs. WLC: €11,523 NE | iPST vs. WLC: 38%; 52% <sup>f</sup> , 63% <sup>f</sup>       |      | Guided iPST vs. WLC: ICER: £1,475/clinical change ICUR: £13,615/QALY gained                     |
|                         | Source: TiC-P                                                                                                               | iCBT vs. iPST: €109  |                                            | iCBT vs. iPST: €-36, NW | iCBT vs. iPST N.R.                                            |                        | iCBT vs. iPST: N.R.      | iCBT vs. iPST: N.R.                                          |      | iCBT vs. iPST: ICER: £43/clinical change                                                        |
|                         |                                                                                                                             |                      |                                            |                         |                                                               |                        |                          |                                                              |      | iCBT and iPST resulted in greater effects and more QALY gained at higher costs compared to WLC. |
| Yan, 2019               | -Direct costs: healthcare (physician, outpatient, inpatient services e.g., salaries, drugs, medical supplies)               | SCP vs.SC: -\$155    | N.A.                                       | N.A.                    | N.A.                                                          | EQ-5D-5L               | N.R.                     | SC: 26% <sup>f</sup> , 27% <sup>f</sup> , 28% <sup>f</sup>   | N.A. | SCP vs. SC, TAU, unguided iCBT <sup>Nb</sup> :                                                  |
| Healthcare (2017, \$)   |                                                                                                                             | SCP vs. TAU: -\$449  |                                            |                         |                                                               |                        |                          | TAU: 18% <sup>f</sup> , 11% <sup>f</sup> , 7% <sup>f</sup>   |      | QALYs were highest in SCP, followed by SC, CBT, and TAU.                                        |
|                         | Source: Health administrative databases                                                                                     | SCP vs. iCBT: -\$161 |                                            |                         |                                                               |                        |                          | iCBT: 27% <sup>f</sup> , 29% <sup>f</sup> , 30% <sup>f</sup> |      | SCP had a higher probability for cost-effectiveness than the three alternatives.                |
|                         |                                                                                                                             |                      |                                            |                         |                                                               |                        |                          | SCP: 29% <sup>f</sup> , 33% <sup>f</sup> , 34% <sup>f</sup>  |      |                                                                                                 |
| Bergström, 2010         | -Direct cost: therapist's and psychiatrist's time                                                                           | €-239                | Responder ≥ 40% reduction on PDSS          | N.R. SE                 | 75%; N.R.                                                     | N.A.                   | N.A.                     | N.A.                                                         | N.A. | Guided iCBT vs. gCBT:                                                                           |
| N. R., (N.R., €)        | Source: self-assessed therapist time                                                                                        |                      |                                            |                         |                                                               |                        |                          |                                                              |      | iCBT dominates gCBT, generating more effect (responder) at less costs.                          |
| Dear, 2015              | -Direct costs: primary, secondary care, therapist or supervisor costs, medication, internet access, computer, telephone use | \$92                 | N.A.                                       | N.A.                    | N.A.                                                          | EQ-5D-5L* <sup>h</sup> | \$8,806 NE               | 0% <sup>f</sup> , 93% <sup>f</sup> , 96% <sup>f</sup>        | N.A. | Guided iCBT vs. WLC:                                                                            |
| Healthcare (2013, AU\$) | Source: patients' healthcare resource use                                                                                   |                      |                                            |                         |                                                               |                        |                          |                                                              |      | ICUR: £4,825/QALY gained                                                                        |
|                         |                                                                                                                             |                      |                                            |                         |                                                               |                        |                          |                                                              |      | iCBT resulted in more QALYs at higher costs.                                                    |

| Author                 | Cost categories                                                                                | Δ Costs                  | Outcome                                                          | ICER        | CEA                                | QALY        | ICUR          | CUA                                           | CBA  | Results                                                                            |
|------------------------|------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------|-------------|------------------------------------|-------------|---------------|-----------------------------------------------|------|------------------------------------------------------------------------------------|
| Nordgren, 2014         | - Direct cost: healthcare, participant medication, intervention (therapists)                   | CEA \$-616<br>CUA \$-474 | CORE-OM defined as responder**h                                  | \$-1,824 SE | 95%; N.A.                          | EQ-5D, N.R. | \$-7,523, SE  | 90%, > 95%                                    | N.A. | Guided iCBT vs. AC:                                                                |
| N.R. (N.R., US\$)      | - Indirect costs: productivity losses                                                          |                          |                                                                  |             |                                    |             |               |                                               |      | ICERs: £-1,254/responder<br>ICUR: £-5,173/QALY gained                              |
| Hedman, 2013           | Source: TiC-P<br>-Direct costs: intervention (only therapists), healthcare, participant        | £-784                    | HAI, no diagnostic criteria for severe health anxiety**i         | £-1,244 SE  | 64%; £4.800 <sup>f</sup>           | EQ-5D**i    | £-6,533 SE    | 67%, 91% <sup>f</sup>                         | N.A. | iCBT generated less costs and more effects and QALY gained.<br>Guided iCBT vs AC:  |
| Societal, (2010, £),   | -Indirect costs: productivity losses                                                           |                          |                                                                  |             |                                    |             |               |                                               |      | ICER £-1,512/person without diagnosis on HAI<br>ICUR; £-7,940/QALY gained          |
|                        | Source: TiC-P                                                                                  |                          |                                                                  |             |                                    |             |               |                                               |      | iCBT generated less costs per effect and QALY gained.                              |
| Hedman, 2016           | -Direct cost: intervention (only therapists), healthcare, participant costs                    | \$310                    | HAI, responder clinically significant improvement <sup>t*i</sup> | \$2,214 NE  | 9%; \$2,300; \$20,000 <sup>f</sup> | EQ-5D, N.R. | \$10,000 NE   | N.R.                                          | N.A. | Unguided iCBT vs. unguided iMA <sup>Nb</sup> :                                     |
| Societal, (2013, US\$) | - Indirect costs: productivity losses                                                          |                          |                                                                  |             |                                    |             |               |                                               |      | ICER: £1,633/responder<br>ICUR £7,376/QALY gained                                  |
|                        | Source: TiC-P                                                                                  |                          |                                                                  |             |                                    |             |               |                                               |      | iCBT resulted in higher effect and more QALYs gained at higher costs.              |
| Hedman, 2011           | -Direct costs: intervention (only therapists), healthcare, participant costs                   | \$-1335                  | LSAS < 43.3, responder                                           | \$-7,046 SE | 81%; \$70,000 <sup>f</sup>         | EQ-5D       | \$-17, 823 SE | 81%, 82% <sup>f</sup> , 79% <sup>f</sup>      | N.A. | Guided iCBT vs. gCBT:                                                              |
| Societal, (2009, US\$) | -Indirect costs: productivity losses                                                           |                          |                                                                  |             |                                    |             |               |                                               |      | ICER: £-5,729/responder<br>ICUR £-14,491/QALY gained                               |
| Hedman, 2014           | Source: TiC-P<br>- Direct costs: intervention (only therapists), healthcare, participant costs | \$-808                   | LSAS < 43.3, responder                                           | \$10,100 SW | 62%, max. 62%                      | EQ-5D       | -\$7,345 SE   | Max. 62%, 39% <sup>f</sup> , 34% <sup>f</sup> | N.A. | iCBT generated more effect and QALY gained at less costs.<br>Guided iCBT vs. gCBT: |
| Societal, (N.R., US\$) | - Indirect costs: productivity losses                                                          |                          |                                                                  |             |                                    |             |               |                                               |      | ICER: £11,749/responder iCBT resulted in less effect at lower costs.               |
|                        | Source: TiC-P                                                                                  |                          |                                                                  |             |                                    |             |               |                                               |      | ICUR: £-8,544/QALY gained<br>iCBT generated less costs per QALY gained.            |

| Author                             | Cost categories                                                                                   | Δ Costs                          | Outcome                                 | ICER                   | CEA                                                                     | QALY        | ICUR                  | CUA                                                     | CBA  | Results                                                                                                             |
|------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|------------------------|-------------------------------------------------------------------------|-------------|-----------------------|---------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------|
| Alaoui, 2017                       | - Direct costs: hospital space, IT usage, security, management, therapists                        | €-343                            | N.A.                                    | N.A.                   | N.A.                                                                    | EQ-5D       | N.R.                  | 100% <sup>f</sup> , 68% <sup>f</sup> , 67% <sup>f</sup> | N.A. | Guided iCBT vs. gCBT:                                                                                               |
| Healthcare (2017, €)               | Source: TDABC                                                                                     |                                  |                                         |                        |                                                                         |             |                       |                                                         |      | Both treatments were equally efficacious but iCBT generated less costs.                                             |
| Powell, 2020                       | - Direct costs: healthcare costs, intervention<br>- Indirect costs: workdays lost                 | Social: £-65<br>Healthcare: £-63 | N.A.                                    | N.A.                   | N.A.                                                                    | SF-6D       | Social: N.R SE        | N.R.                                                    | N.A. | Unguided iCBT vs. WLC:                                                                                              |
| Societal, Healthcare, (2016/17, £) | Source: PSSRU, UK                                                                                 |                                  |                                         |                        |                                                                         |             | Healthcare: N.R SE    |                                                         |      | iCBT resulted in less costs per QALY gained.                                                                        |
| Andersson, 2015a                   | - Direct costs: therapist, healthcare, participant costs<br>- Indirect costs: productivity losses | Societal \$503                   | Y-BOCS, additional remission**j         | Societal \$931 NE      | Societal 15% <sup>f</sup> , \$ 1100, \$2600 = 90%                       | EQ-5D-5L**k | Societal \$7,186 NE   | Societal 15% <sup>f</sup> ; >95% <sup>f</sup>           | N.A. | Guided iCBT vs. AC <sup>Nb</sup> :                                                                                  |
| Societal Healthcare (2013, US\$)   | Source: TiC-P                                                                                     | Healthcare \$336                 |                                         | Healthcare \$672 NE    | Healthcare 0% <sup>f</sup> , \$700 <sup>f</sup> , \$900 <sup>f</sup>    |             | Healthcare \$4,800 NE | Healthcare 0% <sup>f</sup> ; >90% <sup>f</sup>          |      | ICER: £687 (societal), £496 (healthcare)/remission<br>ICUR: £5,301 (societal), £3,541 (healthcare)/QALY gained      |
| Andersson, 2015b                   | - Direct costs: therapists, healthcare, participant<br>- Indirect costs: productivity losses      | Societal: \$338                  | Y-BOCS, relapse avoided                 | Societal: \$1,489 NE   | Societal: 18% <sup>f</sup> , \$1500 <sup>f</sup> , \$7000 <sup>e</sup>  | N.A.        | N.A.                  | N.A.                                                    | N.A. | iCBT resulted in greater effects and more QALYs at higher costs.<br>iCBT booster session vs. TAU <sup>Nb</sup> :    |
| Societal, Healthcare (2013, US\$)  | Source: TiC-P                                                                                     | Healthcare: \$242                |                                         | Healthcare: \$1,066 NE | Healthcare 0%, \$900 <sup>f</sup> , \$4250 <sup>f</sup>                 |             |                       |                                                         |      | ICER: £1,098 (societal), £786 (healthcare)/relapse avoided                                                          |
| Lenhard, 2016                      | - Direct costs: healthcare use, supportive resources, drugs, intervention                         | Societal: \$-145                 | Treatment responder >34% on CY-BOCS **l | Societal: N.R., SE     | Societal: 59.4%; N.R.                                                   | EQ-5D-Y     | Societal: N.R. SW     | N.R.                                                    | N.A. | The additional booster session generated higher effects at higher costs.<br>Guided iCBT vs. WLC <sup>Nb</sup> :     |
| Societal, Healthcare (2016, US\$)  | - Indirect costs: school absence, productivity losses<br>Source: TiC-P                            | Healthcare: \$21                 |                                         | Healthcare: \$78 NE    | Healthcare: 48% <sup>f</sup> ; \$200 <sup>f</sup> , \$3000 <sup>f</sup> |             | Healthcare: N.R.      |                                                         |      | Societal:<br>iCBT generated less costs per treatment responder.<br>iCBT generated slightly less QALY at lower cost. |
|                                    |                                                                                                   |                                  |                                         |                        |                                                                         |             |                       |                                                         |      | Healthcare:<br>ICER: £57/ treatment responder<br>iCBT produced higher effects at higher costs.                      |

| Author                            | Cost categories                                                                                                                             | Δ Costs                                                                    | Outcome                                          | ICER       | CEA          | QALY             | ICUR                                                                                                | CUA                                                                                                                                                                                                                          | CBA  | Results                                                                                                                                                                                                                                                                             |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------|------------|--------------|------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lovell, 2017                      | - Direct costs: hospital and community-based health- and social-care services, medication, out-of-pocket expenses and savings, intervention | Healthcare<br>iCBT vs. WLC: £138<br>SH vs. WLC: £364<br>iCBT vs. SH: £-226 | N.A.                                             | N.A.       | N.A.         | EQ-5D-3L<br>QALY | Healthcare<br>iCBT vs. WLC: £32,857 NE<br><br>SH vs. WLC: £55,152 NE<br><br>iCBT vs. SH: £94,167 SW | Healthcare<br>iCBT vs. WLC: 17% <sup>f</sup> , 42% <sup>e</sup> , 52% <sup>f</sup><br>SH vs. WLC: 0% <sup>e</sup> , 0% <sup>f</sup> , 8% <sup>f</sup><br>iCBT vs. SH: 95% <sup>f</sup> , 88% <sup>f</sup> , 85% <sup>f</sup> | N.A. | Guided iCBT & Self-help vs. WLC <sup>Nb</sup> :                                                                                                                                                                                                                                     |
| Societal, Healthcare (2013/14, £) | - Indirect costs: productivity losses<br><br>Source: AD-SUS, WHO's HPQ                                                                      | Societal<br>iCBT vs. WLC: £200<br>SH vs. WLC: £310<br>iCBT vs. SH: £-109   |                                                  |            |              |                  | Societal<br>iCBT vs. WLC: £48,095 NE<br>SH vs. WLC: £46,970 NE<br>iCBT vs. SH: £45,417 SW           | Societal<br>iCBT vs. WLC: 15% <sup>f</sup> , 28% <sup>f</sup> , 35% <sup>f</sup><br>SH vs. WLC: 0% <sup>f</sup> , 5% <sup>f</sup> , 15% <sup>f</sup><br>iCBT vs. SH: 72% <sup>f</sup> , 65% <sup>f</sup> , 60% <sup>f</sup>  |      | Healthcare:<br>ICUR: iCBT (£35,699), SH (£59,923)/QALY gained<br><br>Societal:<br>ICUR: iCBT (£52,255), SH (£51,033)/QALY gained<br><br>iCBT and SH gained more QALY at higher costs.<br><br>iCBT vs. Self-help:<br><br>ICUR: £102,312 (healthcare), £49,346 (societal)/QALY gained |
| Röhr, 2021                        | - Direct costs: healthcare costs, intervention,<br><br>Source: CSSRI                                                                        | €-100                                                                      | N.A.                                             | N.A.       | N.A.         | EQ-5D-5L         | N.R.                                                                                                | 81%; 38% 27%                                                                                                                                                                                                                 | N.A. | iCBT had less costs and slightly less QALY gained.<br>Unguided iCBT vs. TAU <sup>+Nb</sup> :                                                                                                                                                                                        |
| Healthcare (2019, €)              |                                                                                                                                             |                                                                            |                                                  |            |              |                  |                                                                                                     |                                                                                                                                                                                                                              |      | iCBT generated lower costs per QALY gained.                                                                                                                                                                                                                                         |
| De Bruin, 2016                    | - Direct costs: doctor visits, medication use, traveling expenses                                                                           | Societal: €-406                                                            | Subjective sleep efficiency, Recovery (SE ≥ 85%) | €12,572 SW | 95%, €12,000 | EQ-5D            | N.R. SE                                                                                             | 95%, 70% <sup>f</sup> , N.R.                                                                                                                                                                                                 | N.A. | Guided iCBT vs. gCBT:                                                                                                                                                                                                                                                               |
| Societal (2014, €)                | - Indirect costs: informal care, parents' loss of (non) paid work, tutoring of adolescents<br><br>Source: cost diaries (parents)            | Healthcare: €147                                                           |                                                  |            |              |                  |                                                                                                     |                                                                                                                                                                                                                              |      | ICER: £13,153 /recovered person<br>iCBT produced less effect at less costs.<br><br>iCBT generated slightly more QALY at less costs.                                                                                                                                                 |

| Author                                   | Cost categories                                                                          | Δ Costs              | Outcome                                                        | ICER                 | CEA                                                                     | QALY     | ICUR                   | CUA                                                              | CBA       | Results                                                                                                                   |
|------------------------------------------|------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|----------|------------------------|------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| Thiart, 2016                             | - Direct costs: healthcare intervention                                                  | Employer: €-418      | Positive treatment response (ISI)**k                           | Employer: €-1,512 SE | Employer: 87%, N.A., €761                                               | SF-6D**m |                        |                                                                  | NB: €417  | Guided iCBT vs. WLC:                                                                                                      |
| Buntrock, 2021                           | - Indirect costs: productivity losses                                                    |                      |                                                                |                      |                                                                         |          |                        |                                                                  | BCR: €3.1 | Employer: ICER: £-1,583/responder iCBT dominated WLC and produced a net benefit of £437 and a BCR of £3.2.                |
| Employer, Societal, Healthcare (2013, €) | Source: TiC-P                                                                            | Societal: €-991      | Symptom-free status (ISI)**m                                   | Societal: N.R. SE    | Societal: 94%, N.A., €1000                                              |          | Societal: N.R. SE      | Societal: 94%, 98%, 99%                                          |           | Societal: iCBT dominated WLC generating more effect and QALY at less costs.                                               |
|                                          |                                                                                          | Healthcare: €203     |                                                                | Healthcare: €650     | Healthcare: 6%, €500, €1500                                             |          | Healthcare: €11,285    | Healthcare: 4%, 95%, 99%                                         |           | Healthcare: ICER: £681/symptom-free status ICER: £11,819/QALY gained iCBT generated more effect and QALY at higher costs. |
| Ebert, 2018                              | - Direct costs: health service uptake, patients' out-of-pocket costs, intervention costs | Employer: €-189      | Symptom-free status by Jacobson and Truax**d                   | Employer: €-521 SE   | Employer: 67%, N.A., €1.500 <sup>f</sup>                                | SF-6D    |                        |                                                                  | NB €181   | Guided iMA vs. WLC:                                                                                                       |
| Kählke, 2019                             | - Indirect cost: productivity losses                                                     | Societal: €-380      |                                                                | Societal: €-1,063 SE | Societal: 70%, N.A., €2.500 <sup>f</sup>                                |          | Societal: N.R. SE      | Societal: 71% <sup>f</sup> , 76% <sup>f</sup> , 79% <sup>f</sup> | BCR €1.6  | ICER: £-546 (employer), £-1,113 (societal)/symptom-free person                                                            |
| Employer Societal, (2013, €)             | Source: TiC-P                                                                            |                      |                                                                |                      |                                                                         |          |                        |                                                                  |           | iMA generated higher effects and QALY gained at lower costs, and a net benefit of £190 and a BCR of 1.06.                 |
| Lindsäter, 2019                          | - Direct cost: healthcare, intervention                                                  | Societal: \$-77.24   | Remission rate on PSS (reliable change, post-rating PSS<31)**d | Societal: \$-158 SE  | Societal: 60%, N.A., \$1000                                             | EQ-5D-3L | Societal: \$-17,963 SE | Societal: 60%, 71% <sup>f</sup> , 75% <sup>f</sup>               | N.A.      | Guided iCBT vs. WLC:                                                                                                      |
| Societal, Healthcare (2016, US\$)        | -Indirect costs: productivity losses                                                     |                      |                                                                |                      |                                                                         |          |                        |                                                                  |           | Societal: ICER: £-115/responder ICUR: \$-13,109/QALY gained iCBT generated more effect and QALY at less costs.            |
|                                          | Source: TiC-P                                                                            | Healthcare: \$171.12 |                                                                | Healthcare: \$349 NE | Healthcare: 12% <sup>f</sup> , \$400 <sup>f</sup> , \$1000 <sup>f</sup> |          |                        |                                                                  |           | Healthcare: ICER: £-255 iCBT generated higher effects and costs.                                                          |

| Author             | Cost categories                                                                               | Δ Costs                   | Outcome                                                       | ICER        | CEA                               | QALY | ICUR | CUA  | CBA  | Results                                                              |
|--------------------|-----------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------|-------------|-----------------------------------|------|------|------|------|----------------------------------------------------------------------|
| Van Spijker, 2012  | - Direct cost: health service uptake, patients' out-of-pocket costs, intervention, medication | €-5039 (annualised costs) | Treatment response (improvement of 6.48 on BSS)* <sup>n</sup> | €-34,727 SE | 91.5%, N.A., €18,000 <sup>f</sup> | N.A. | N.A. | N.A. | N.A. | Unguided iCBT vs. WLC <sup>+</sup> :<br><br>ICER: £-39,753/responder |
| Societal (2009, €) | - Indirect cost: productivity losses                                                          |                           |                                                               |             |                                   |      |      |      |      | iCBT generated less costs per responder.                             |
| Source: TiC-P      |                                                                                               |                           |                                                               |             |                                   |      |      |      |      |                                                                      |

Note:

AC Attention control group, AD-SUS Adult Service Use Schedule, BDI Beck's Depression Inventory, BSS Beck Scale for Suicide Ideation, CBA Cost-benefit analysis, CG control group, CEA Cost-effectiveness analyses, CEAC cost-effectiveness acceptability curve, CES-D Center of Epidemiologic Studies Depression Scale, CORE-OM Clinical Outcomes in Routine Evaluation–Outcome Measure; CUA, Cost-utility analyses; CSSRI, Client Sociodemographic and Service Receipt Inventory, CY-BOCS Children's Yale-brown obsessive compulsive scale, Δ Costs Mean incremental costs per participant (intervention group minus control group), EQ-5D-3L/5L European quality of life index version 5D with 3 or 5 level, F2F Face-to-face, FU Follow-up, gCBT Group-administered cognitive-behavioural therapy, HAI Health Anxiety Inventory, iCBT internet-based cognitive behavioural therapy, ICD International Classification of Diseases, ICER incremental cost-effectiveness ratio, ICUR incremental cost-utility ratio, IG intervention group, iMA internet-based interventions applying mixed approaches, iPPI internet-based Positive Psychology Intervention, iPST internet-based problem-solving therapy, iPCT internet-based preventive cognitive therapy, ISI Insomnia Severity Index, LSAS Liebowitz Social Anxiety Scale, Max. maximal probability of cost-effectiveness, N.A. not applicable, N.R. not reported; *p* probability of a treatment being cost-effective when compared with a control condition, PDS-5 Posttraumatic Diagnostic Scale for DSM-5, PSSRU Personal Social Services Research Unit, PDSS Panic Disorder Severity Scale, PHQ-9 Patient Health Questionnaire-9, PRODISQ PROductivity and DISease Questionnaire, PSS-10 Perceived Stress Scale, SC Standard Care, SCP Stepped care pathway, SE Subjective sleep efficiency, SF-6D Short Form six dimensions based on SF-36 Health Survey, SPIN-17 Social Phobia Inventory, TAU Treatment as usual, TAU<sup>+</sup> Treatment as usual with additional information e.g. web-based psychoeducation, TDABC Time-driven activity-based costing method, TiC-P Trimbos/iMTA Questionnaire on Costs Associated with Psychiatric Illness, uGPC Usual General Practitioner Care, Vs. versus, WHO HPQ World Health Organization Health and Work Performance Questionnaire, WLC Wait list control condition, WLC<sup>+</sup> WLC with additional information during the waiting period, Y-BOCS Yale-Brown Obsessive-Compulsive Scale, AU\$ Australian Dollar, € Euro, £ Pound Sterling, US\$ USDollar

The significance level \**p*<0.05, \*\* *p*<0.001 for health-related outcomes and QALY are stated, if reported

Cost-benefit analysis was interpreted using this formula: CBA = NB>0, BCR>1, and ROI>0% = financial returns

<sup>a</sup> According to the location of the point estimate in the incremental cost-effectiveness plane the abbreviation South-East (SE), North-East (NE), South-West (SW), and North-West (NW), was used to indicate +/- cost and effects of the intervention compared to the control condition: SE ICERs are located in the south-east quadrant meaning that the intervention is more effective at lower costs (dominant); NE ICERs are located in the north-east quadrant meaning that the intervention is more effective at higher cost; NW ICERs are located in the north-west quadrant meaning that the intervention is less effective at higher cost (dominated); SW ICERs are located in the south-west quadrant meaning that the intervention is less effective at lower cost

<sup>b</sup> The WTP given certain probabilities of CE (e.g., probability of CE if the WTP is zero, *P* (WTP = 0) based on the CEAC are reported. The probabilities of the CE given certain WTP thresholds (e.g., for a WTP of £20,000, there is a 95% intervention's probability of being cost-effective, WTP (*p* = 0.95) based on the CEAC are reported.

<sup>c</sup> All outcomes were indexed to a 2020 reference year and converted to Pound Sterling (£) using purchasing power parities (PPPs)

<sup>d</sup> The  $\chi^2$  test was used for statistical analysis

<sup>e</sup> The independent *t*-test was used for statistical analysis

<sup>f</sup> The probability of the ICER given a specific WTP threshold or the WTP according to a given probability was not stated, thus the value was estimated based on the CEAC

<sup>g</sup> One-way ANOVAs (analysis of covariance) were used for statistical analysis

<sup>h</sup> A linear mixed model with restricted maximum-likelihood estimation (REML) and an unstructured (UN) covariance structure was used for statistical analysis

<sup>i</sup> Mixed-effects model analyses were used for statistical analysis

<sup>j</sup> A logistic regression model was used for statistical analysis

<sup>k</sup> A linear regression model was used for statistical analysis

<sup>l</sup> The Fisher's exact test was used for statistical analysis

<sup>m</sup> A bootstrapped seemingly unrelated regression equation model (bias-corrected accelerated 95% CIs) was used for statistical analysis

<sup>n</sup> A linear probability model considering the clustered data structure was used for statistical analysis

<sup>Nb</sup> The net-benefit approach was used for the analysis (net-benefit regression framework)

**Supplementary table 2: Medical subject headings (MeSH) used for searching the Medline data base.**

| Building blocks | Treatment                                                                                                          | Disorder                                                                                                                                                                                                                                                                                                                                                                           | Delivery mode                                                                                                                                                                                                                                        | Costs                                                                                                                                                                                                                                         | Randomized trial                                                                                                                                                                     |
|-----------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEDLINE         | “Psychotherapy”[mh] OR<br>Psychotherap* OR<br>Therap* OR Intervention<br>OR Treatment OR<br>Prevent* OR prevention | “Depression”[mh] OR depress*<br>OR mood OR Bipolar OR<br>Dysthymi* OR mania* OR<br>anxiety* OR Stress* OR Phobi*<br>OR Panic* OR agoraphobi* OR<br>social anxiety* OR general anxiety*<br>OR GAD OR OCD OR<br>“Obsessive–compulsive<br>disorder”[mh] OR PTSD OR<br>post-traumatic stress OR<br>health anxiety OR hypochondria<br>OR self-harm OR suicide*<br>OR sleep* OR insomnia | “Computer Assisted<br>Therapy”[mh] OR<br>Internet[mh] OR<br>“Computer-Assisted<br>Instruction”[mh] OR<br>Online OR Online<br>based OR Web OR<br>Web based OR<br>Internet OR Internet<br>based OR World wide<br>web OR<br>Computerized OR<br>computer | “Costs and Cost<br>Analysis”[mh] OR<br>“Cost-Benefit<br>Analysis”[mh] OR<br>“Healthcare<br>Costs”[mh] OR “Cost<br>of Illness”[mh] OR<br>“Quality-Adjusted<br>Life Years”[mh] OR<br>Economic OR Cost<br>utility OR Health<br>economic OR Cost* | Efficacy OR<br>“Randomized<br>Controlled Trials<br>as Topic”[mh]<br>OR “Randomized<br>Controlled<br>Trial”[mh] OR<br>Randomized<br>controlled trial<br>OR Randomized<br>trial OR RCT |