

## **Appendix**

### **Detailed methods for extracting and validating data in the CEA Registry**

Abstracts from articles identified by the literature search are screened to determine if the paper contains an original cost-utility estimate. We exclude review, editorial, or methodological articles, as well as cost-effectiveness analyses that do not use QALYs to quantify health benefits.

Abstracts undergo a second screening stage wherein the CEA Registry team selects abstracts for full data collection, partial data collection, or rejection. Articles that are selected to continue on to the next phase of full data collection are those with large disease prevalence, focused on novel treatments, have far-reaching public health implications, include an active comparator, and are easily generalizable across settings. Examples of articles that are selected only for partial review (these articles will not move into the next full data collection phase) include: dose adjustment studies, studies with very small or non-replicable patient populations, and telemedicine interventions for rural populations. Articles that meet any exclusion criteria outlined during the initial screening phase are rejected. All accepted articles at this stage (both full and partial review) are made available on the CEA Registry website with the following variables: country, disease, intervention description, intervention type, and comparator description.

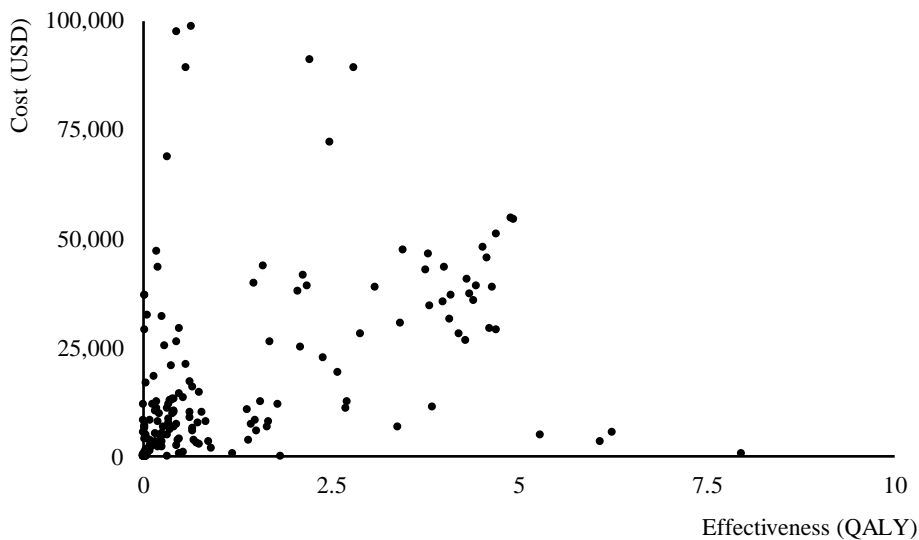
Two readers with training in decision analysis and cost-effectiveness analysis independently review each article accepted for full review and record information using a standardized set of forms and instructions. The two readers convene for a consensus audit to resolve any potential discrepancies. On occasion, a third reader may be called upon to help settle disputed items. Finally, data are quality checked by the CEA Registry team and a series of data cleaning steps are performed. Full data extraction is uploaded to the CEA Registry three times a year.

**Table A1: Quality of cost-per-QALY and cost-per-DALY studies**

Quality indicator	QALY (n=125)	DALY (n=45)
Clearly stated perspective, % yes	83.8	75.6
Discounted costs and QALYs (DALYs), % yes	79.0	64.4
Stated time horizon, % yes	89.5	77.8
Stated year of currency, % yes	82.7	82.2
Conducted incremental analysis correctly, % yes	80.0	57.8
Quality score, mean (SD)	5.04 (1.17)	4.70 (0.97)

*QALY = quality-adjusted life year; DALY = disability-adjusted life year; SD = standard deviation*

**Figure A1: Cost-effectiveness plane showing ICERs from cost-per-QALY studies with a primary geography of China**



*ICER = incremental cost-effectiveness ratio, QALY = quality-adjusted life year; Note: Only northeast quadrant (interventions that were more costly and more effective than the comparator) are shown.*

*ICERs with incremental QALYs of >10 or incremental costs of >USD100,000 are not displayed.*

## Included studies

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