Date:

Study ID:

Name of first reviewer:

Name of second reviewer:

Table X:

Study details	
Study title	
First author	
Co-authors	
Source of publication Journal yy;vol(issue):pp	
Language	
Publication type	
Inclusion criteria/study eligibility/PICOS	
Population	
Intervention(s)	
Comparator(s)	
Outcome(s)	
Study design	
Methods	
Target population and subgroups	
Setting and location	
Study perspective	
Comparators	
Time horizon	
Discount rate	
Outcomes	
Measurement of effectiveness	

Measurement and valuation of preference based outcomes	
Resource use and costs	
Currency, price date and conversion	
Model type	
Assumptions	
Results	
Study parameters	
Incremental costs and outcomes	
Characterising uncertainty	
Discussion	
Study findings	
Limitations	
Generalisability	
Other	
Source of funding	
Conflicts of interest	
Comments	
Authors conclusion	
Reviewer's conclusion	

Assessment	Studies				
Title					
Abstract					
Introduction					
Background and objectives					
Methods					
Target population and subgroups					
Setting and location					
Study perspective					
Comparators					
Time horizon					
Discount rate					
Choice of health outcomes					
Measurement of effectiveness					
Measurement and valuation of preference-based outcomes					
Estimating resources and costs					
Currency, price date, and conversion					
Choice of model					
Assumptions					
Analytical methods					

Assessment	**Studies**				
Results					
Study parameters					
Incremental costs and outcomes					
Characterising uncertainty					
Discussion					
Study findings					
Limitations					
Generalizability					
Other					
Source of funding					
Conflicts of interest					

Philips' criteria		Studies			
Structure					
1.	Is there a clear statement of the decision problem?				
2.	Is the objective of the model specified and consistent with the stated decision problem?				
3.	Is the primary decision maker specified?				
4.	Is the perspective of the model stated clearly?				
5.	Are the model inputs consistent with the stated perspective?				
6.	Has the scope of the model been stated and justified?				
7.	Are the outcomes of the model consistent with the perspective, scope and overall objective of the model?				
8.	Is the structure of the model consistent with a coherent theory of the health condition under evaluation?				
9.	Are the sources of the data used to develop the structure of the model specified?				
10.	Are the causal relationships described by the model structure justified appropriately?				
11.	Are the structural assumptions transparent and justified?				
12.	Are the structural assumptions reasonable given the overall objective, perspective and scope of the model?				
13.	Is there a clear definition of the options under evaluation?				

Philips' criteria		Studies			
14.	Have all feasible and practical options been evaluated?				
15.	Is there justification for the exclusion of feasible options?				
16.	Is the chosen model type appropriate given the decision problem and specified casual relationships within the model?				
17.	Is the time horizon of the model sufficient to reflect all important differences between the options?				
18.	Are the time horizon of the model, the duration of treatment and the duration of treatment described and justified?				
19.	Do the disease states (state transition model) or the pathways (decision tree model) reflect the underlying biological process of the disease in question and the impact of interventions?				
20.	Is the cycle length defined and justified in terms of the natural history of disease?				
21.	Are the data identification methods transparent and appropriate given the objectives of the model?				
22.	Where choices have been made between data sources are these justified appropriately?				
23.	Has particular attention been paid to identifying data for the important parameters of the model?				
24.	Has the quality of the data been assessed appropriately?				

Philips' criteria		Studies			
25.	Where expert opinion has been used are the methods described and justified?				
26.	Is the data modelling methodology based on justifiable statistical and epidemiological techniques?				
27.	Is the choice of baseline data described and justified?				
28.	Are transition probabilities calculated appropriately?				
29.	Has a half-cycle correction been applied to both costs and outcomes?				
30.	If not, has the omission been justified?				
31.	If relative treatment effects have been derived from trial data, have they been synthesised using appropriate techniques?				
32.	Have the methods and assumptions used to extrapolate short-term results to final outcomes been documented and justified?				
33.	Have alternative extrapolation assumptions been explored through sensitivity analysis?				
34.	Have assumptions regarding the continuing effect of treatment once treatment is complete been documented and justified?				
35.	Have alternative assumptions regarding the continuing effect of treatment been explored through sensitivity analysis				
36.	Are the costs incorporated into the model justified?				
37.	Has the source for all costs been described?				
38.	Have discount rates been described and justified given the target decision maker?				

Philips' criteria		Studies			
39.	Are the utilities incorporated into the model appropriate?				
40.	Is the source of utility weights referenced?				
41.	Are the methods of derivation for the utility weights justified?				
42.	Have all data incorporated into the model been described and referenced in sufficient detail?				
43.	Has the use of mutually inconsistent data been justified (i.e. are assumptions and choices appropriate?)				
44.	Is the process of data incorporation transparent?				
45.	If data have been incorporated as distributions, has the choice of distributions for each parameter been described and justified?				
46.	If data have been incorporated as distributions, is it clear that second order uncertainty is reflected?				
47.	Have the four principal types of uncertainty been addressed?				
48.	If not, has the omission of particular forms of uncertainty been justified?				
49.	Have methodological uncertainties been addressed by running alternative versions of the model with different methodological assumptions?				
50.	Is there evidence that structural uncertainties have been addressed via sensitivity analysis?				
51.	Has heterogeneity been dealt with by running the model separately for different sub-groups?				

Philips' criteria		Studies			
52.	Are the methods of assessment of parameter uncertainty appropriate?				
53.	If data are incorporated as point estimates, are the ranges used for sensitivity analysis stated clearly and justified?				
54.	Is there evidence that the mathematical logic of the model has been tested thoroughly before use?				
55.	Are any counterintuitive results from the model explained and justified?				
56.	If the model has been calibrated against independent data, have any differences been explained and justified?				
57.	Have the results been compared with those of previous models and any differences in results explained?				
N- No; N/A- Not Applicable; Y- Yes; UNC-Unclear					