

Economic evidence tables for review question: Is the combination of mifepristone and misoprostol more effective than misoprostol alone in the medical management of missed miscarriage?

Table 6: Economic evidence tables for

Study country and type	Intervention and comparator	Study population, design and data sources	Costs and outcomes (descriptions and values)	Results	Comments
<p>Author and year: Devall 2021</p> <p>Country: UK</p> <p>Type of economic analysis: Cost utility analysis</p> <p>Source of funding: Heath Technology Assessment programme of the National Institute for Health Research</p>	<p>Intervention in detail: 357 women attending EPU's in secondary or tertiary care NHS hospitals randomised to 200mg oral mifepristone plus 800 microgram misoprostol.</p> <p>Comparator 354 women attending EPU's in secondary or tertiary care NHS hospitals randomised to Oral placebo plus 800microgram misoprostol.</p>	<p>Population characteristics: Women aged ≥16 years opting for medical management of a missed miscarriage.</p> <p>Modelling approach/alongside an RCT: Economic evaluation alongside an RCT</p> <p>Source of baseline data: Control group of RCT</p> <p>Source of effectiveness data: Intervention arm in RCT</p> <p>Source of cost data:</p>	<p>Mean cost per participant:</p> <p><i>Intervention:</i> £621</p> <p><i>Control:</i> £803</p> <p><i>Difference:</i> -£182</p> <p>Primary measure of outcome: QALYs Quality of life was estimated using EQ-5D-5L questionnaires</p> <p>Mean outcome per participant:</p> <p><i>Intervention:</i> 0.0324 QALYs</p>	<p>ICERs: Mifepristone plus misoprostol dominates</p> <p>Probability of being cost effective: >50%</p> <p>Sensitivity analysis: Mifepristone and misoprostol remained less costly and more effective than misoprostol plus placebo for all the following scenarios:</p> <ul style="list-style-type: none"> Different cost for vaginal administration of extra dose of misoprostol Removing costs for additional dose of misoprostol 	<p>Perspective: NHS and a Personal Social Services perspective</p> <p>Currency: GBP</p> <p>Cost year: 2019-20</p> <p>Time horizon: 21 days post randomisation</p> <p>Discounting: N/A</p> <p>Applicability: Directly applicable</p> <p>Limitations:</p>

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		<p>Resource use data was collected as part of the trial.</p> <p>Source of unit cost data: BNF 2019, PSSRU 2002, NHS Reference Costs 2018-19.</p>	<p><i>Control:</i> 0.0319 QALYs</p> <p><i>Difference:</i> 0.0004</p>	<ul style="list-style-type: none"> • Removal of costs of surgery • Imputation of hospital care costs 	<p>Minor limitations</p>

BNF = British National Formulary; EPU = Early Pregnancy Unit; GBP = Great British Pound;; ICER = Incremental cost-effectiveness ratio; PSSRU = Personal and Social Services Research Unit; QALYs = Quality adjusted life years; RCT = Randomised control trial;