

# Position statement on use of the EQ-5D-5L valuation set for England (updated November 2018)

1. Since 2008, NICE's preferred measure of health-related quality of life in adults has been EQ-5D. For most of that time, there has been only 1 version of the descriptive system, EQ-5D-3L. In this version, respondents rate their degree of impairment in different health domains using 3 response levels (no problems, some problems and extreme problems). The EuroQol Group has created a new descriptive system, EQ-5D-5L, with 5 response levels (no problems, slight problems, moderate problems, severe problems and extreme problems). EQ-5D-5L was designed to be more sensitive than EQ-5D-3L.
2. The current NICE [guide to the methods of technology appraisal 2013](#) states that data collected using the EQ-5D-5L descriptive system may be used for reference-case analyses. When the guide was written, there was no valuation set for EQ-5D-5L from which to derive utilities. NICE's methods guide (section 5.3.12) states that: 'Until an acceptable valuation set for the EQ-5D-5L is available, the validated mapping function to derive utility values for the EQ-5D-5L from the existing EQ-5D (-3L) may be used (available from <http://www.euroqol.org>)'.
3. An EQ-5D-5L valuation set is now available that reflects the preference of members of the public in England for health states defined by the EQ-5D-5L descriptive system (Devlin et al. 2018).
4. The Department of Health and Social Care commissioned an independent quality assurance of the analytical methods used to create the 5L valuation set for England. The report is available online (Hernandez Alava et al. 2018).
5. The following statement applies to all guidance-producing programmes at NICE that use cost-utility analyses.

6. Because of the concerns raised by the quality assurance, NICE currently does not recommend using the 5L valuation set. Companies, academic groups and others preparing evidence submissions for NICE should use the 3L valuation set for reference-case analyses.
7. If data were gathered using the EQ-5D-5L descriptive system, utility values in reference-case analyses should be calculated by mapping the 5L descriptive system data onto the 3L valuation set. If analyses use data gathered using both EQ-5D-3L and EQ-5D-5L descriptive systems, the 3L valuation set should be used to derive all utility values, with 5L mapped onto 3L where needed.
8. The mapping function developed by van Hout et al. (2012) should be used for reference-case analyses, for consistency with the current guide to the methods of technology appraisal (even though several mapping functions are available; Hernandez Alava et al. 2017).
9. NICE supports sponsors of prospective clinical studies continuing to use the 5L version of EQ-5D descriptive system to collect data on quality of life.
10. NICE is committed to working with the Department of Health and Social Care, and other key stakeholders, to ensure that a 5L valuation set of an acceptable quality to allow adoption in our methods is available. NICE plans to review this statement as soon as this additional work is complete.

## **NICE**

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## References

Devlin N, Shah K, Feng Y et al. (2018) Valuing health-related quality of life: an EQ-5D-5L value set for England. *Health Economics* 27(1): 7-22.

Hernandez Alava M, Wailoo A, Pudney S (2017) [Methods for mapping between the EQ-5D-5L and the 3L](#). NICE Decision Support Unit report [online; accessed November 2018]

Hernandez Alava M, Pudney S, Wailoo A (2018) [Quality review of a proposed EQ-5D-5L value set for England](#). EEPRU report [online; accessed November 2018]

Van Hout B, Janssen M, Feng Y et al. (2012) Interim scoring for the EQ-5D-5L: Mapping the EQ-5D-5L to EQ-5D-3L value sets. *Value in Health*, 15: 7