Table H-4. Strength of evidence for final health outcomes for innovator versus generic antiepileptic drugs Key Question 1

| Outcome | Brand AED | Generic AEDs | NumberofStudies | Design | Riskof Bias | Quality **Assessment** | Summary **of Findings** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Inconsistency | Indirectness | Imprecision | Quality | Importance |
| Seizure Occurrence/ breakthrough seizure | Carbamazepine | 8 Generics | 5 | RCTs | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Low | Important |
|  | Phenytoin | 3 Generics | 1 | RCT | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Low | Important |
|  | Valproic Acid | 1 Generic | 1 | RCT | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Insufficient | Important |
|  | CarbamazepinePhenytoinValproic Acid | 12 Generics | 7 | RCTs | Serious risk of bias | No serious inconsistency | No serious indirectness | Serious imprecision | Low | Important |
| Seizure Frequency | Carbamazepine | 2 Generics | 2 | RCTs | Serious risk of bias | No serious inconsistency | No serious indirectness | Serious imprecision | Low | Important |
|  | Valproic Acid | 1 Generic | 1 | RCT | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Insufficient | Important |
|  | CarbamazepineValproic Acid | 3 Generics | 3 | RCTs | Serious risk of bias | No serious inconsistency | No serious indirectness | Serious imprecision | Low | Important |
| Time to first seizure |  |  | 0 |  |  |  |  |  | Insufficient | Important |
| Incidence of status epilepticus |  |  | 0 |  |  |  |  |  | Insufficient | Important |
| Seizure remission |  |  | 0 |  |  |  |  |  | Insufficient | Important |
| Secondary seizure injury |  |  | 0 |  |  |  |  |  | Insufficinet | Important |

AED = antiepileptic drug; RCT = randomized controlled trial