Table H-7. Strength of evidence for incidence of adverse events for innovator versus generic antiepileptic drugs in Key Question 3

| Outcome | BrandAED | GenericAEDs | Number of Studies (RCTs, Obs) | Design | Risk of Bias | Quality**Assessment** | Summary**of Findings** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Inconsistency | Indirectness | Imprecision | Quality | Importance |
| Incidence of ADRs | Carbamazepine | 1 Generic | 1 | RCT | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Insufficient | Important |
|  | Phenytoin | 2 Generics | 1 | RCT | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Insufficient | Important |
|  | CarbamazepinePhenytoin | 3 Generics | 2 | RCTs | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Insufficient | Important |
| Incidence of Skin Rash | Carbamazepine | 2 Generics | 2 | RCTs | Serious risk of bias | No serious inconsistency | No serious indirectness | Very serious imprecision | Insufficient | Important |
| Loss of drivers license |  |  | 0 |  |  |  |  |  | Insufficient | Important |
| Loss of employment |  |  | 0 |  |  |  |  |  | Insufficient | Important |
| Switchback rates |  |  | 0 |  |  |  |  |  | Insufficient | Important |

AED = antiepileptic drug; RCT = randomized controlled trial