Reviewer’s report

Title: Cost-effectiveness of asenapine in the treatment of bipolar disorder in Canada

Version: 2 Date: 26 September 2013

Reviewer: Eskinder Tafesse

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The study objectives are clear and would contribute to the literature. The methods are appropriate, however need to be clear what transition rates they have used per cycle. Overall it is a well written paper needing some clarification.

Discretionary Revisions

1. According to the model, discontinued patients will be switched to Aripiprazole. Reason given is that because it is the most recently approved drug. Why not use the most frequently subscribed drug?

2. The model assumes that the risks of developing complications are independent of each other. Diabetics have a higher chance of developing CHD than non-diabetics. How is this handled in the model?

Major Compulsory Revisions:

1. I could not find the transition rates table for the Markov model. Please provide a table of transition rates.

2. I believe the risk of developing complications used in the model are for obese people in the general population. It is well established fact that patients with bipolar or other mental illness have higher obesity and risk than the general population. I would like to see some more discussion how the authors handled this fact in the model. If not, the results favour Asenapine unfairly.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

declare that I have no competing interests